

# Medical Policy

## Sacroiliac Joint Pain Treatment

**Policy Number:** 1068

### Policy History

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| Approve Date:           | 06/01/2018                         | Effective Date: | 06/01/2018 |
| Reviewed/Revised Dates: | 05/09/2019, 02/15/2020, 02/01/2021 |                 |            |

### Preauthorization

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| All Plans | Benefit plans vary in coverage and some plans may not provide coverage for certain service(s) listed in this policy. Decisions for authorization are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations as well as applicable state and/or federal laws. Please review the benefit plan descriptions for details. |
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### Policy

#### Indications of Coverage

##### Medically Necessary

- I. Up to two initial sacroiliac joint (SI joint) injections are considered medically necessary to relieve pain associated with lower lumbosacral pain associated with localized SI joint pathology confirmed in medical studies when ALL of the following have been met:
  - A. Individual has chronic back and buttock pain for more than three months AND
  - B. Symptom have failed to respond to a one month trial of conservative therapies including anti-inflammatory medications (or other analgesic medication if anti-inflammatory medication is contraindicated) AND
  - C. The injections are not used in isolation but are provided as part of a comprehensive pain management program, including physical therapy, patient education, psychosocial support, and oral medication where appropriate.
- II. A maximum of three subsequent sacroiliac joint injections per year are considered medically necessary
  - A. If member has had a therapeutic effect (at least 50% reduction in pain for at least two weeks).
  - B. Minimally invasive fusion/stabilization is medically necessary when ALL of the following are met:
    - i. Titanium triangular implant is used (i.e. iFuse implant system)
    - ii. Pain is a minimum of 5 on a 0 to 10 rating scale
    - iii. Pain impacts quality of life or limits activities of daily living
    - iv. Pain is caudal to the lumbar spine (L5 vertebra), localized over the poster sacroiliac joint and is consistent with sacroiliac joint pain
    - v. Localized tenderness demonstrated with palpation over the sacral sulcus (Fortin's point) in the absence of tenderness of similar severity elsewhere
    - vi. Positive response to a cluster of three provocative tests (e.g., thigh thrust test, compression test, Gaenslen sign, distraction test, Patrick test, posterior provocation test)
    - vii. Pain has been unresponsive to a minimum six months of intensive nonoperative treatment that includes ALL of the following:
      1. Medication optimization (i.e. prescription strength analgesics)
      2. Activity modification
      3. Bracing

4. Participation in at least six weeks of physical therapy (i.e., active therapeutic exercise targeted at the lumbar spine, pelvis, sacroiliac joint and hip)
5. Home exercise program
- viii. Diagnostic imaging studies include ALL of the following:
  1. Imaging of Imaging of sacroiliac joint (plain radiographs and CT or MRI)
  2. Imaging of the pelvis (anteroposterior plain radiograph)
  3. Imaging of the lumbar spine (CT or MRI)
  4. Imaging of sacroiliac joint indicates evidence of injury and/or degeneration
- ix. Diagnostic confirmation of the sacroiliac joint as a pain generator of at least 75% reduction in pain following fluoroscopically guided intra-articular block using local anesthetic on two separate occasions
- x. A trial of at least one therapeutic sacroiliac joint injection (i.e., corticosteroid injection)
- xi. ABSENCE of ALL the following:
  1. Generalized pain behavior (e.g., somatoform disorder)
  2. Generalized pain disorder (e.g., fibromyalgia)
  3. Presence of destructive lesions (e.g., tumor, infection) of sacroiliac joint
  4. Inflammatory arthropathy of the sacroiliac joint
  5. Concomitant hip pathology
  6. Neural compression or other degenerative condition of lumbar spine that could be source of low back pain

#### Not Medically Necessary

- I. If the member experiences no symptom relief or functional improvement following two injections, additional injections are not deemed medically necessary.
- II. Sacroiliac joint injections without the use of fluoroscopic guidance are not current standard medical practice and would be considered not medically necessary.
- III. Performing a sacroiliac joint arthrogram in conjunction with a sacroiliac joint injection is considered not medically necessary unless the joint is being evaluated for damage due to trauma.

#### Investigational

- I. Health Tradition considers the following procedures Experimental and Investigational and are not covered under the Health Plan
  - A. Nerve blocks (e.g. sacral medial branch blocks and/or lateral branch blocks) for diagnosing and/or treating sacroiliac joint pain or pain resulting from SI joint derangement/dysfunction
  - B. Sacroiliac joint ablation (includes water cooled and pulsed RFA)
  - C. Sacral branch neuroablation/sacral medial branch neuroablation
  - D. Open Sacroiliac Joint Fusion
  - E. Sacroplasty for osteoporotic sacral insufficiency fractures and other indications
  - F. TruFuse facet fusion
  - G. Vesselplasty (e.g. Vessel-X)
  - H. Xclose Tissue Repair System
- II. Diagnostic sacroiliac injections done in preparation for SI joint ablation or fusion/arthrodesis are not covered as that would be related to a non-covered ablation/fusion service.
- III. Injection of a caustic agent such as phenol or alcohol into a sacroiliac joint.

## Background

### *Sacroiliac Joint Injections*

Low back pain of the sacroiliac (SI) is a difficult clinical diagnosis and is often excluded. SI injections are performed by injecting a local anesthetic, with or without a steroid medication, into the SI joints. The injections may be given for diagnostic purposes to determine if the SI joint is the source of low back pain or it may be performed to treat SI Joint pain that has been previously detected and diagnosed. If pain is improved, the physician will know that the SI joint appears to be the source of pain and may follow-up

with therapeutic injections of anti-inflammatory (steroids) and/or local anesthetic medications to relieve symptoms for a longer duration of time.

## References

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2. Maigne J, Aivaliklis A, Pfefer F. Results of sacroiliac joint double block and value of sacroiliac pain provocation tests in 54 patients with low back pain. *Spine* 1996; 21: 1889-92.
3. Schwarzer AC, April CN, Bogduk N. The sacroiliac joint in chronic low back pain. *Spine* 1995; 20: 31-37.
4. Waldman, S.D. (2000). *Atlas of Pain Management Injection Techniques*, (65), 225-227. Philadelphia, W.B. Saunders. This source defined the anatomy of the sacroiliac joint
5. Cardone, D.A. & Tallia, A.F. (2002). Joint and Soft Tissue Injection. *American Family Physician*. Retrieved July 24, 2002 from [www.aafp.org](http://www.aafp.org). This article supports the therapeutic indications and utilization parameters for therapeutic injections.
6. Hayes Technology Brief, iFuse Implant system (SI-Bone Inc) for Sacroiliac Joint Fusion for Treatment of Sacroiliac Joint Dysfunction, December 20/2018.