Medical Policy
Sacroiliac Joint Pain Treatment

Policy Number: 1068

Preauthorization
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.

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).

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. Sacroiliac joint fusion (e.g. by means of the iFuse System and the Simmetry Sacroiliac Joint Fusion System)
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**