**Corporate Medical Policy**

**Diagnosis and Treatment of Sacroiliac Joint Pain**

**File Name:** diagnosis_and_treatment_of_sacroiliac_joint_pain

**Origination:** 8/2010

**Last CAP Review:** 4/2020

**Next CAP Review:** 4/2021

**Last Review:** 4/2020

**Description of Procedure or Service**

Sacroiliac joint (SIJ) arthrography using fluoroscopic guidance with injection of an anesthetic has been explored as a diagnostic test for sacroiliac joint pain. Duplication of the patient’s pain pattern with the injection of contrast medium suggests a sacroiliac etiology, as does relief of chronic back pain with injection of local anesthetic. Treatment of sacroiliac joint pain with corticosteroids, radiofrequency ablation (RFA), stabilization, or minimally invasive sacroiliac joint fusion has also been explored.

Similar to other structures in the spine, it is assumed that the sacroiliac joint may be a source of low back pain. In fact, prior to 1928, the sacroiliac joint was thought to be the most common cause of sciatica. In 1928, the role of the intervertebral disc was elucidated, and from that point forward the sacroiliac joint received less research attention.

Research into sacroiliac joint pain has been plagued by lack of a criterion standard to measure its prevalence and against which various clinical examinations can be validated. For example, sacroiliac joint pain is typically without any consistent, demonstrable radiographic or laboratory features and most commonly exists in the setting of morphologically normal joints. Clinical tests for sacroiliac joint pain may include various movement tests, palpation to detect tenderness, and pain descriptions by the patient. Further confounding the study of the sacroiliac joint is that multiple structures, such as posterior facet joints and lumbar discs, may refer pain to the area surrounding the sacroiliac joint.

Because of inconsistent information obtained from history and physical examination, some have proposed the use of image-guided anesthetic injection into the sacroiliac joint for the diagnosis of sacroiliac joint pain. Treatments being investigated for sacroiliac joint pain include prolotherapy, corticosteroid injection, radiofrequency ablation, stabilization, and arthrodesis.

This policy does not address the treatment of sacroiliac joint pain due to infection, trauma or neoplasm.

**Regulatory Status**

A number of radiofrequency generators and probes have been cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process. In 2005, the SInergy® (Halyard; formerly Kimberly-Clark), a water-cooled single-use probe, was cleared by the FDA, listing the Baylis Pain Management Probe as a predicate device. The intended use is in conjunction with a radiofrequency generator to create radiofrequency lesions in nervous tissue. FDA product code: GXD.

A number of percutaneous or minimally invasive fixation/fusion devices have been cleared for marketing by FDA through the 510(k) process. They include the iFuse® Implant System (SI
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Bone), the Rialto™ SI Joint Fusion System (Medtronic), SIJ-Fuse (Spine Frontier), the
Simmetry® Sacroiliac Joint Fusion System (Zyga Technologies), Silex™ Sacroiliac Joint Fusion
System (XTANT Medical), SambaScrew® (Orthofix), and the SI-LOK® Sacroiliac Joint Fixation
System (Globus Medical). FDA product code: OUR.

Related Policies
Facet Joint Denervation
Sacroiliac Joint Fusion
Vertebroplasty and Kyphoplasty Percutaneous
Prolotherapy

***Note: This Medical Policy is complex and technical. For questions concerning the technical
language and/or specific clinical indications for its use, please consult your physician.

Policy
BCBSNC will provide coverage for diagnosis and treatment of sacroiliac joint pain when it
is determined to be medically necessary because the medical criteria and guidelines noted
below are met.

Arthrography and radiofrequency denervation of the sacroiliac joint are considered
investigational for all applications. BCBSNC does not provide coverage for investigational
services or procedures.

Benefits Application
This medical policy relates only to the services or supplies described herein. Please refer to the
Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit
design; therefore member benefit language should be reviewed before applying the terms of this
medical policy.

When diagnosis and treatment of sacroiliac joint pain is covered
Injection of anesthetic for diagnosing sacroiliac joint pain may be considered medically necessary when
the following criteria have been met:

• Pain has failed to respond to 3 months of conservative management, which may consist of
therapies such as nonsteroidal anti-inflammatory medications, acetaminophen, manipulation,
physical therapy, and a home exercise program; AND
• Dual (controlled) diagnostic blocks with 2 anesthetic agents with differing duration of action
are used; AND
• The injections are performed under imaging guidance

Injection of corticosteroid may be considered medically necessary for the treatment of sacroiliac joint
pain when the following criteria have been met:

• Pain has failed to respond to 3 months of conservative management, which may consist of
therapies such as nonsteroidal anti-inflammatory medications, acetaminophen, manipulation,
physical therapy, and a home exercise program; AND
• The injection is performed under imaging guidance; AND
• No more than 3 injections are given in one year

When diagnosis and treatment of sacroiliac joint pain is not covered
Arthrography of the sacroiliac joint is considered investigational.
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Radiofrequency denervation of the sacroiliac joint is considered investigational.

Policy Guidelines

Summary of Evidence

Diagnostic
For individuals who have suspected SIJ pain who receive a diagnostic sacroiliac block, the evidence includes systematic reviews. Relevant outcomes are test validity, symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. Current evidence is conflicting on the diagnostic utility of SIJ blocks. Based on the established use of injections to diagnose pain in other joints, the evidence is sufficient to determine the effects of the technology on health outcomes for controlled diagnostic (two blocks with anesthetics of different duration) injections.

Therapeutic
For individuals who have SIJ pain who receive therapeutic corticosteroid injections, the evidence includes small RCTs and case series. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. In general, the literature on injection therapy of joints in the back is of poor quality. Based on the established use of injections to treat pain in other joints, the evidence is sufficient to determine the effects of the technology on health outcomes for therapeutic (corticosteroid) injections.

For individuals who have SIJ pain who receive RFA, the evidence includes 4 small RCTs using different radiofrequency applications and case series. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. For RFA with a cooled probe, the 2 small RCTs reported short-term benefits, but these are insufficient to determine the overall effect on health outcomes. The RCT on palisade RFA of the SIJ did not include a sham control. Another sham-controlled randomized trial showed no benefit of RFA. Further high-quality controlled trials are needed to compare this procedure in defined populations with sham control and alternative treatments. The evidence is insufficient to determine the effects of the technology on health outcomes.

The American Society of Interventional Pain Physicians (2013) guidelines have been updated. The updated guidelines recommend the use of controlled SIJ blocks with placebo or controlled comparative local anesthetic block when indications are satisfied with suspicion of SIJ pain. A positive response to a joint block is considered to be at least a 75% improvement in pain or in the ability to perform previously painful movements.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 27096, 27279, G0259, G0260

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources
Diagnosis and Treatment of Sacroiliac Joint Pain

For guideline titled “Sacroiliac Joint Arthroscopy and Injection


Senior Medical Director review 8/2010


Specialty Matched Consultant Advisory Panel review 7/2011

For guideline titled “Diagnosis and Treatment of Sacroiliac Joint Pain”


Specialty Matched Consultant Advisory Panel review 7/2012


For policy titled “Diagnosis and Treatment of Sacroiliac Joint Pain”


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Policy Implementation/Update Information

For guideline titled “Sacroiliac Joint Arthroscopy and Injection”

8/31/10 New Evidence Based Guideline implemented. Sacroiliac joint arthrography and/or injection are not recommended as treatment for sacroiliac pain. (mco)

4/26/11 References updated. No changes to guideline statements. (mco)

8/16/11 Specialty Matched Consultant Advisory Panel review 7/2011. No changes to guideline statements. (mco)

12/30/11 Deleted code 73542 from “Billing/Coding” section. (mco)

For guideline titled “Diagnosis and Treatment of Sacroiliac Joint Pain”

5/1/12 Guideline titled changed from “Sacroiliac Joint Arthroscopy and Injection” to “Diagnosis and Treatment of Sacroiliac Joint Pain.” Description section updated. “Not Recommended” section updated. The following statement added to the Evidence Based Guidelines: “Radiofrequency ablation of the sacroiliac joint is not recommended as a treatment for sacroiliac pain.” References updated. Medical Director review 4/2012. (mco)

5/15/12 Information regarding radiofrequency ablation of the sacroiliac joint deleted. Description section updated to include reference for BCBSNC policy titled, “Facet Joint Denervation.” Medical Director review 5/2012. (mco)

8/7/12 Specialty Matched Consultant Advisory Panel review 7/2012. No changes to guideline statements. (mco)

4/16/13 References updated. Added “Sacral Joint Fusion” as a related policy. (mco)

7/16/13 Specialty Matched Consultant Advisory Panel review 5/15/2013. No change to guideline. (btw)

1/28/14 Added HCPCS codes G0259 and G0260 to Billing/Coding section. (btw)


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11/22/16 References added. Policy Guidelines updated. (sk)

6/30/17  Specialty Matched Consultant Advisory Panel review 4/26/2017. No change to policy statement. (an)


Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.