BSC_EVO_1756	Sacroiliac Joint Injections		
Original Policy Date:	January 1, 2017	Effective Date:	July 1, 2025
Section:	6.0 Radiology	Page:	Page 1 of 13

Policy Statement

Indications for Sacroiliac Joint Injections (Intraarticular or ligamentous injections only)
Sacroiliac Joint Pain [1,2,3,4]
For the treatment of Sacroiliac Joint (SIJ) pain ALL of the following must be met:

- Primarily axial low back pain (below level of L5) which may radiate to the groin or lower extremity
- Pain causing functional disability or average pain level of ≥ 6 on a scale of 0 to 10 related to the requested spinal region.
- A cluster of any three (3) of the following positive provocation exam findings to suggest the diagnosis [5,6,7]:
  - Pelvic (SI) distraction test
  - Pelvic (SI) compression test
  - Sacral Thrust test
  - FABER (Patrick's test)
  - Posterior shear test
  - Yeoman's test
  - Gaenslen's test
  - Thigh Thrust test
- Duration of pain of at least **3 months**
- Failure to respond to non-operative conservative treatment targeting the requested spinal region for a minimum of 6 weeks in the last 6 months unless the medical reason this treatment cannot be done is clearly documented;
  - **OR** details of active engagement in ongoing non-operative conservative treatment if the individual has had prior spinal injections in the same region

Spondyloarthropathy [8]
ALL of the following must be met:

- The individual has experienced ≥ 3 months of low back pain
- Age of onset < 45 years
- Comprehensive pain management program is in place including physical therapy, home exercise, patient education, psychosocial support, and/or oral medication
- Prior history of evidence of sacroiliitis on imaging (i.e., active inflammation on magnetic resonance imaging [MRI] or definite radiographic sacroiliitis grade 2-4 bilaterally *or* grade 3-4 unilaterally)
- **1 or more** spondyloarthropathy features:
  - Inflammatory back pain evidence with **at least 4** of the following criteria present [9]:
    - Age at onset < 40 years
    - Insidious onset
    - Improvement with exercise
    - No improvement with rest
    - Pain at night (with improvement upon getting up)
  - Arthritis

An independent member of the Blue Shield Association

Reproduction without authorization from Blue Shield of California is prohibited.

- Enthesitis of the heel (irritability of muscles, tendons, or ligaments where they enter the bone)
- Uveitis (inflammation of the uvea, the middle layer of the eye)
- Dactylitis (inflammation of a finger or toe)
- Psoriasis
- Crohn's/colitis
- Good response to NSAIDs
- Family history of spondyloarthropathy
- Positive testing for HLA-B27
- Elevated C-reactive protein (CRP)

Imaging Guidance [3,4]

- The sacroiliac joint is commonly identified under image guidance by Fluoroscopy or Computed tomography (CT). CT is less effective than Fluoroscopy regarding observing of the escape of the injectate to the adjacent structures and cannot rule out concurrent intravascular flow. With proper use by skilled interventional pain physicians with ultrasound experience, the use of ultrasound guidance is similar to CT or Fluoroscopy but can have a lower accuracy of needle placement.
- Ultrasound guidance can be an effective alternative if fluoroscopy or CT guided techniques are contraindicated or when radiation exposure is problematic; however, individual patient factors such as poor visualization due to deeper tissue layers (e.g., increased Body Mass Index (BMI) may contribute to substandard image resolution).

NOTE: ALL procedures must be performed under imaging guidance

Diagnostic Purposes for Surgical Planning [3,6]
For diagnostic purposes, **ALL** the following must be met:

- The sacroiliac joint injection is an image-guided, contrast-enhanced intra-articular injection
- At least 75% pain relief for the expected duration of the anesthetic after each diagnostic injection
- After the diagnostic relief period, the individual continues to have pain causing functional disability or average pain level ≥ 6 on a scale of 0 to 10 related to the requested spinal region.
- No more than two diagnostic injections per diagnostic phase
- Documentation of a pre-operative evaluation and plan for SIJ surgery

Repeat Injections [1,3,6]
Sacroiliac joint injections may be repeated only as **medically necessary**. **Each** sacroiliac joint injection requires an authorization, and the following criteria must be met for repeat injections:
Initial Treatment Phase

- Up to 2 sacroiliac joint injections may be performed in the initial treatment phase, no sooner than 2 weeks apart, provided that at least 50% pain relief or significant documented functional improvement is obtained

Therapeutic Phase

- Sacroiliac joint injections may only be repeated after the initial treatment phase if the individual has had at least 50% pain relief or significant documented functional improvement for a **minimum of 2 months** before each therapeutic injection
- The individual continues to have pain causing functional disability or average pain level ≥ 6 on a scale of 0 to 10 related to the requested spinal region.
- The individual is engaged in ongoing active conservative treatment unless the medical reason this treatment cannot be done is clearly documented
- For individuals that have received other interventional pain injections in the lumbar/sacral region (e.g., epidural steroid injection or facet joint injection) since the last SIJ injection, at

Reproduction without authorization from Blue Shield of California is prohibited.

least one repeat positive provocative exam finding is required (pelvic (SI) distraction test, pelvic (SI) compression test, sacral thrust test, FABER (Patrick's test), posterior shear test, Yeoman's test, Gaenslen's test, or thigh thrust).
- A maximum of 4 sacroiliac joint injections may be performed in a 12-month period per region in the therapeutic phase

EXCLUSIONS
These requests are excluded from consideration under this guideline:
- Sacral lateral branch blocks (S1, S2, S3)
- Radiofrequency denervation of the sacroiliac joint

CONTRAINDICATIONS [2,3,4]
- Absolute contraindications
  - Active systemic or spinal infection
  - Skin infection at the site of needle puncture
  - Local malignancy
  - Septic joint
- Relative contraindications
  - Coagulopathy
  - Pregnancy
  - Uncontrollable Diabetes
  - Current and uninterrupted use of blood-thinning medication

NOTE: Refer to Appendix A to see the policy statement changes (if any) from the previous version.

Policy Guidelines

Home Exercise Program (HEP) [13]
The following two elements are required to meet conservative therapy guidelines for HEP:
- Documentation of an exercise prescription/plan provided by a physician, physical therapist, or chiropractor

AND
- Follow-up documentation regarding completion of HEP after the required 6-week timeframe or inability to complete HEP due to a documented medical reason (e.g., increased pain or inability to physically perform exercises).

General Information
It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

Coding
See the Codes table for details.

Description

Low back pain originating from the SIJ can result from inflammatory conditions such as sacroiliitis, spondyloarthropathy (e.g., ankylosing spondylitis, rheumatoid spondylitis), or from postsurgical or traumatic injury, degeneration (wear and tear), or pregnancy. SIJ pain most often occurs in the buttocks and lower back and may radiate down through the buttocks and the leg. Physical

Reproduction without authorization from Blue Shield of California is prohibited.

examination and radiographic techniques may confirm a diagnosis related to spondyloarthropathy. Physical examination, including provocative maneuvers to elicit pain response, and controlled SIJ injections can help diagnose noninflammatory pain arising from the SIJ.

Risks associated with SIJ dysfunction [3,4]:

- Gait abnormalities
- Scoliosis
- Leg-length discrepancies
- Inflammatory spondyloarthropathies, including ankylosing spondylitis
- Previous spine surgeries
- Connective tissue disorders (e.g., Ehlers–Danlos syndrome)
- Pregnancy associated with ligamentous laxity and hypermobility
- Obesity

Spinal injections for the treatment of SIJ pain syndrome are typically performed as one part of a comprehensive treatment program, but initial treatment usually includes over-the-counter analgesics, home exercise program to improve or maintain spinal mobility, and therapy sessions with a physical therapist involving range-of-motion, stretching, and strengthening exercises.

Sacroiliac joint injections are typically used for the following conditions:

- **Sacroiliac joint (SIJ) syndrome** may be caused by various events, including pain secondary to postsurgical or traumatic injury, degeneration (wear and tear), or pregnancy.
- **Diagnostic SIJ injections** are used to determine if the SIJ pain originates with the SIJ. Diagnostic blocks can reveal (or fail to reveal) that the source of pain is originating from the SIJ; appropriate treatment plan can be developed.
- **Therapeutic SIJ injections** used to treat SIJ pain once it has been determined that the SIJ is the origin of the pain. A therapeutic injection typically includes a corticosteroid and a local anesthetic that can be injected directly into the joint (intra-articular) or into the tissues surrounding the joint (periarticular).
- **Spondyloarthropathy** (also known as spondyloarthritis) is the name for a family of rheumatic diseases that cause arthritis. Sacroiliitis is a key indicator of spondyloarthritis and is diagnosed with imaging. Individuals with spondyloarthropathy are generally managed by rheumatologists.

Related Policies

- N/A

Benefit Application

Benefit determinations should be based in all cases on the applicable member health services contract language. To the extent there are conflicts between this Medical Policy and the member health services contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal law may prohibit health plans from denying FDA-approved Healthcare Services as investigational or experimental. In these instances, Blue Shield of California may be obligated to determine if these FDA-approved Healthcare Services are Medically Necessary.

Reproduction without authorization from Blue Shield of California is prohibited.

Regulatory Status

- N/A

Rationale

Background

The indications for coverage for the treatment of spondyloarthropathy have been established through criteria developed by the Assessment of SpondyloArthritis International Society (ASAS) for the classification of axial spondyloarthritis. [11] They are in keeping with the benefit guidelines developed by the Centers for Medicare & Medicaid Services (CMS). [12]

Telehealth visits have become routine in modern medical practice. However, sacroiliac joint injections cannot be performed via telehealth encounters. Individuals who can schedule an in- person encounter for injection are expected to also schedule an in-person encounter for provocative physical examination, prior to injection, in order to document the medical necessity of the joint injection.

Medical Necessity

It is generally considered not medically necessary to perform multiple interventional pain procedures on the same date of service. Documentation of a medical reason to perform injections in different regions on the same day can be provided and will be considered on a case-by-case basis (e.g., holding anticoagulation therapy on two separate dates creates undue risk for the patient).

Special Note

Any injection performed at least two years from prior injections in the same region will be considered a new episode of care and the INITIAL injection requirements must be met for approval. Events such as surgery on the same spinal region or any new pathology would also prompt a new episode of care.

References

1. Manchikanti L, Kaye A D, Soin A, Albers S L, Beall D et al. Comprehensive Evidence-Based Guidelines for Facet Joint Interventions in the Management of Chronic Spinal Pain: American Society of Interventional Pain Physicians (ASIPP) Guidelines Facet Joint Interventions 2020 Guidelines. Pain physician. 2020; 23: S1-S127.
2. Wu L, Tafti D, Varacallo M. Sacroiliac Joint Injection. StatPearls [Internet]. 2023; https://www.ncbi.nlm.nih.gov/books/NBK513245/.
3. Sayed D, Deer T R, Tieppo Francio V, Lam C M, Sochacki K et al. American Society of Pain and Neuroscience Best Practice (ASPN) Guideline for the Treatment of Sacroiliac Disorders. Journal of pain research. 2024; 17: 1601-1638.
4. Sayed D, Grider J, Strand N, Hagedorn J M, Falowski S et al. The American Society of Pain and Neuroscience (ASPN) Evidence-Based Clinical Guideline of Interventional Treatments for Low Back Pain. Journal of pain research. 2022; 15: 3729-3832.
5. Telli H, Telli S, Topal M. The Validity and Reliability of Provocation Tests in the Diagnosis of Sacroiliac Joint Dysfunction. Pain physician. 2018; 21: E367-E376.
6. MacVicar J, Kreiner D S, Duszynski B, Kennedy D J. Appropriate Use Criteria for Fluoroscopically Guided Diagnostic and Therapeutic Sacroiliac Interventions: Results from the Spine Intervention Society Convened Multispecialty Collaborative. Pain medicine (Malden, Mass.). 2017; 18: 2081-2095.
7. Saueressig T, Owen P J, Diemer F, Zebisch J, Belavy D L. Diagnostic Accuracy of Clusters of Pain Provocation Tests for Detecting Sacroiliac Joint Pain: Systematic Review With Meta-analysis. The Journal of orthopaedic and sports physical therapy. 2021; 51: 422-431.
8. National Institute for Health and Care Excellence. Spondyloarthritis in over 16s: diagnosis and management. NICE. 2017;

Reproduction without authorization from Blue Shield of California is prohibited.

https://www.nice.org.uk/guidance/ng65/resources/spondyloarthritis-in-over-16s-diagnosis-and-management-pdf-1837575441349.
9. Sieper J, van der Heijde D, Landewé R, Brandt J, Burgos-Vagas R et al. New criteria for inflammatory back pain in patients with chronic back pain: a real patient exercise by experts from the Assessment of SpondyloArthritis international Society (ASAS). Annals of the rheumatic diseases. 2009; 68: 784-8.
10. Washington State Health Care Authority. Health Technology Clinical Committee Coverage Topic 20160318B – Spinal Injections. 2016; https://www.hca.wa.gov/assets/program/spinal_injections-rr_final_findings_decision_060216.pdf.
11. Sieper J, Rudwaleit M, Baraliakos X, Brandt J, Braun J et al. The Assessment of SpondyloArthritis international Society (ASAS) handbook: a guide to assess spondyloarthritis. Annals of the rheumatic diseases. 2009; 68 Suppl 2: ii1-44.
12. Centers for Medicare & Medicaid Services. Sacroiliac Joint Injections and Procedures. 2024; Accessed: 30-Aug-2024. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=59246&ver=17&keyword=sacroiliac&keywordType=starts&areaId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1.
13. Qaseem A, Wilt T J, McLean R M, Forciea M A, Denberg T D et al. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. Annals of internal medicine. 2017; 166: 514-530.

Documentation for Clinical Review

Please provide the following documentation:

- History and physical and/or consultation notes including:
  - Procedure performed and reason for procedure
  - Previous treatment and response (including duration of treatment)
- Radiology report(s), if applicable
- Prior procedure report(s), if applicable

Post Service (in addition to the above, please include the following):

- Procedure report(s)

Coding

The list of codes in this Medical Policy is intended as a general reference and may not cover all codes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy.

Type	Code	Description
CPT®	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
HCPCS	G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Reproduction without authorization from Blue Shield of California is prohibited.

Effective Date	Action
01/01/2017	Adoption of National Imaging Associates (NIA) Clinical Guidelines
07/01/2018	NIA Clinical Guideline update
07/01/2019	NIA Clinical Guideline update
07/01/2020	Annual NIA clinical guideline update.
03/01/2021	Annual NIA clinical guideline update. Policy title changed from Sacroiliac Joint Injections to current one.
01/01/2022	Annual NIA clinical guideline update.
01/01/2023	Annual NIA clinical guideline update. Policy title changed from Sacroiliac Joint Injections (with image guidance [fluoroscopy or CT]) to current one.
01/01/2024	Annual NIA clinical guideline update.
07/01/2024	Semi-annual NIA clinical guideline update. Coding update.
07/01/2025	Annual Evolent clinical guideline update.

Definitions of Decision Determinations

Healthcare Services: For the purpose of this Medical Policy, Healthcare Services means procedures, treatments, supplies, devices, and equipment.

Medically Necessary: Healthcare Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield of California, are: (a) consistent with Blue Shield of California medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the member; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the member's illness, injury, or disease.

Investigational or Experimental: Healthcare Services which do not meet ALL of the following five (5) elements are considered investigational or experimental:

A. The technology must have final approval from the appropriate government regulatory bodies.
   - This criterion applies to drugs, biological products, devices and any other product or procedure that must have final approval to market from the U.S. Food and Drug Administration ("FDA") or any other federal governmental body with authority to regulate the use of the technology.
   - Any approval that is granted as an interim step in the FDA's or any other federal governmental body's regulatory process is not sufficient.
   - The indications for which the technology is approved need not be the same as those which Blue Shield of California is evaluating.

B. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes.
   - The evidence should consist of well-designed and well-conducted investigations published in peer-reviewed journals. The quality of the body of studies and the consistency of the results are considered in evaluating the evidence.
   - The evidence should demonstrate that the technology can measure or alter the physiological changes related to a disease, injury, illness, or condition. In addition, there should be evidence, or a convincing argument based on established medical facts that such measurement or alteration affects health outcomes.

C. The technology must improve the net health outcome.

Reproduction without authorization from Blue Shield of California is prohibited.

- The technology's beneficial effects on health outcomes should outweigh any harmful effects on health outcomes.

D. The technology must be as beneficial as any established alternatives.
   - The technology should improve the net health outcome as much as, or more than, established alternatives.

E. The improvement must be attainable outside the investigational setting.
   - When used under the usual conditions of medical practice, the technology should be reasonably expected to satisfy Criteria C and D.

Feedback

Blue Shield of California is interested in receiving feedback relative to developing, adopting, and reviewing criteria for medical policy. Any licensed practitioner who is contracted with Blue Shield of California or Blue Shield of California Promise Health Plan is welcome to provide comments, suggestions, or concerns. Our internal policy committees will receive and take your comments into consideration. Our medical policies are available to view or download at www.blueshieldca.com/provider.

For medical policy feedback, please send comments to: MedPolicy@blueshieldca.com

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at www.blueshieldca.com/provider.

Disclaimer: Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as member health services contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member health services contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.

Reproduction without authorization from Blue Shield of California is prohibited.

Appendix A

POLICY STATEMENT	
BEFORE Red font: Verbiage removed	AFTER Blue font: Verbiage Changes/Additions
Sacroiliac Joint Injections BSC_NIA_CG_305 Policy Statement: INDICATIONS [1, 2, 3] SACROILIAC JOINT (SIJ) INJECTIONS (Intraarticular or ligamentous injections only) For the treatment of Sacroiliac Joint (SIJ) pain ALL of the following must be met: • Primarily axial low back pain (below level of L5) which may radiate to the groin or lower extremity • Pain causing functional disability or average pain level of ≥ 6 on a scale of 0 to 10 related to the requested spinal region. • A cluster of any three (3) of the following positive provocation exam [2, 4, 5] findings to suggest the diagnosis: o Pelvic (SI) distraction test o Pelvic (SI) compression test o Sacral Thrust test o FABER (Patrick's test) o Posterior shear test o Yeoman's test o Gaenslen's test o Thigh Thrust test • Duration of pain of at least 3 months • Failure to respond to non-operative conservative therapy* targeting the requested spinal region for a minimum of 6 weeks in the last 6 months unless the medical reason this treatment cannot be done is clearly documented; OR details of active engagement in ongoing non-operative conservative non-operative therapy* if the individual has had prior spinal injections in the same region SPONDYLOARTHROPATHY TREATMENT [4, 6, 7]	Sacroiliac Joint Injections BSC_EVO_1756 Policy Statement: Indications for Sacroiliac Joint Injections (Intraarticular or ligamentous injections only) Sacroiliac Joint Pain [1,2,3,4] For the treatment of Sacroiliac Joint (SIJ) pain ALL of the following must be met: • Primarily axial low back pain (below level of L5) which may radiate to the groin or lower extremity • Pain causing functional disability or average pain level of ≥ 6 on a scale of 0 to 10 related to the requested spinal region. • A cluster of any three (3) of the following positive provocation exam findings to suggest the diagnosis [5,6,7]: o Pelvic (SI) distraction test o Pelvic (SI) compression test o Sacral Thrust test o FABER (Patrick's test) o Posterior shear test o Yeoman's test o Gaenslen's test o Thigh Thrust test • Duration of pain of at least 3 months • Failure to respond to non-operative conservative treatment targeting the requested spinal region for a minimum of 6 weeks in the last 6 months unless the medical reason this treatment cannot be done is clearly documented; o OR details of active engagement in ongoing non-operative conservative treatment if the individual has had prior spinal injections in the same region Spondyloarthropathy [8]

Reproduction without authorization from Blue Shield of California is prohibited.

POLICY STATEMENT	
BEFORE Red font: Verbiage removed	AFTER Blue font: Verbiage Changes/Additions
ALL of the following must be met: • The individual has experienced ≥ 3 months of low back pain • Age of onset < 45 years • Comprehensive pain management program is in place including physical therapy, home exercise, patient education, psychosocial support, and/or oral medication • Prior history of evidence of sacroiliitis on imaging (i.e., active inflammation on magnetic resonance imaging [MRI] or definite radiographic sacroiliitis grade > 2 bilaterally *or* grade 3-4 unilaterally) • *1 or more* spondyloarthropathy features: o Inflammatory back pain with **at least 4** of the following criteria present: ▪ Age at onset < 45 years ▪ Insidious onset ▪ Improvement with exercise ▪ No improvement with rest ▪ Pain at night (with improvement upon getting up) o Arthritis o Enthesitis of the heel (irritability of muscles, tendons, or ligaments where they enter the bone) o Uveitis (inflammation of the uvea, the middle layer of the eye) o Dactylitis (inflammation of a finger or toe) o Psoriasis o Crohn's/colitis o Good response to NSAIDs o Family history of spondyloarthropathy o Positive testing for HLA-B27 o Elevated C-reactive protein (CRP) IMAGING GUIDANCE [1, 2, 3, 8] The sacroiliac joint is commonly identified under image guidance by Fluoroscopy or Computed tomography (CT). CT is less effective than Fluoroscopy regarding observing of the escape of the injectate to the	ALL of the following must be met: • The individual has experienced ≥ 3 months of low back pain • Age of onset < 45 years • Comprehensive pain management program is in place including physical therapy, home exercise, patient education, psychosocial support, and/or oral medication • Prior history of evidence of sacroiliitis on imaging (i.e., active inflammation on magnetic resonance imaging [MRI] or definite radiographic sacroiliitis grade 2-4 bilaterally *or* grade 3-4 unilaterally) • **1 or more** spondyloarthropathy features: o Inflammatory back pain evidence with **at least 4** of the following criteria present[9]: ▪ Age at onset < 40 years ▪ Insidious onset ▪ Improvement with exercise ▪ No improvement with rest ▪ Pain at night (with improvement upon getting up) o Arthritis o Enthesitis of the heel (irritability of muscles, tendons, or ligaments where they enter the bone) o Uveitis (inflammation of the uvea, the middle layer of the eye) o Dactylitis (inflammation of a finger or toe) o Psoriasis o Crohn's/colitis o Good response to NSAIDs o Family history of spondyloarthropathy o Positive testing for HLA-B27 o Elevated C-reactive protein (CRP) Imaging Guidance [3,4] • The sacroiliac joint is commonly identified under image guidance by Fluoroscopy or Computed tomography (CT). CT is less effective than Fluoroscopy regarding observing of the escape of the injectate to

Reproduction without authorization from Blue Shield of California is prohibited.

POLICY STATEMENT	
BEFORE Red font: Verbiage removed	AFTER Blue font: Verbiage Changes/Additions
adjacent structures and cannot rule out concurrent intravascular flow. With proper use by skilled interventional pain physicians with ultrasound experience, the use of ultrasound guidance is similar to CT or Fluoroscopy but can have a lower accuracy of needle placement. Ultrasound guidance can be an effective alternative if fluoroscopy or CT guided techniques are contraindicated; however, individual patient factors such as poor visualization due to deeper tissue layers (e.g., increased Body Mass Index (BMI) may contributes to substandard image resolution). NOTE: ALL procedures must be performed under imaging guidance DIAGNOSTIC PURPOSES FOR SURGICAL PLANNING [4, 9] • For diagnostic purposes all of the following must be met: o The sacroiliac joint injection is an image-guided, contrast-enhanced intra-articular injection o At least 75% pain relief for the expected duration of the anesthetic after each diagnostic injection o After the diagnostic relief period, the individual continues to have pain causing functional disability or average pain level ≥ 6 on a scale of 0 to 10 related to the requested spinal region. o No more than two diagnostic injections per diagnostic phase o Documentation of a pre-operative evaluation and plan for SIJ surgery REPEAT INJECTIONS [2, 4] Sacroiliac joint injections may be repeated only as medically necessary. Each sacroiliac joint injection requires an authorization, and the following criteria must be met for repeat injections: • Up to 2 sacroiliac joint injections may be performed in the initial treatment phase, no sooner than 2 weeks apart, provided that at	the adjacent structures and cannot rule out concurrent intravascular flow. With proper use by skilled interventional pain physicians with ultrasound experience, the use of ultrasound guidance is similar to CT or Fluoroscopy but can have a lower accuracy of needle placement. • Ultrasound guidance can be an effective alternative if fluoroscopy or CT guided techniques are contraindicated or when radiation exposure is problematic; however, individual patient factors such as poor visualization due to deeper tissue layers (e.g., increased Body Mass Index (BMI) may contribute to substandard image resolution). NOTE: ALL procedures must be performed under imaging guidance Diagnostic Purposes for Surgical Planning [3,6] For diagnostic purposes, ALL the following must be met: • The sacroiliac joint injection is an image-guided, contrast-enhanced intra-articular injection • At least 75% pain relief for the expected duration of the anesthetic after each diagnostic injection • After the diagnostic relief period, the individual continues to have pain causing functional disability or average pain level ≥ 6 on a scale of 0 to 10 related to the requested spinal region. • No more than two diagnostic injections per diagnostic phase • Documentation of a pre-operative evaluation and plan for SIJ surgery Repeat Injections [1,3,6] Sacroiliac joint injections may be repeated only as medically necessary. Each sacroiliac joint injection requires an authorization, and the following criteria must be met for repeat injections: *Initial Treatment Phase* • Up to 2 sacroiliac joint injections may be performed in the initial treatment phase, no sooner than 2 weeks apart, provided that at

Reproduction without authorization from Blue Shield of California is prohibited.

POLICY STATEMENT	
BEFORE Red font: Verbiage removed	AFTER Blue font: Verbiage Changes/Additions

least 50% pain relief or significant documented functional improvement is obtained
 	
• Sacroiliac joint injections may only be repeated after the initial treatment phase if the individual has had at least 50% pain relief or significant documented functional improvement for a **minimum of 2 months** after each therapeutic injection
• The individual continues to have pain causing functional disability or average pain level ≥ 6 on a scale of 0 to 10 related to the requested spinal region.
• The individual is engaged in ongoing active conservative therapy*, unless the medical reason this treatment cannot be done is clearly documented
• For individuals that have received other interventional pain injections in the lumbar/sacral region (e.g., epidural steroid injection or facet joint injection) since the last SIJ injection, at least one repeat positive provocative exam finding is required (pelvic (SI) distraction test, pelvic (SI) compression test, sacral thrust test, FABER (Patrick's test), posterior shear test, Yeoman's test, Gaenslen's test, or thigh thrust).
• A maximum of 4 sacroiliac joint injections may be performed in a 12-month period
 	
EXCLUSIONS
These requests are excluded from consideration under this guideline:
• Sacral lateral branch blocks (S1, S2, S3)
• Radiofrequency denervation of the sacroiliac joint
 	
CONTRAINDICATIONS [1, 3]
 	
• Active systemic or spinal infection
• Skin infection at the site of needle puncture
• Local malignancy
	least 50% pain relief or significant documented functional improvement is obtained
	Therapeutic Phase
	• Sacroiliac joint injections may only be repeated after the initial treatment phase if the individual has had at least 50% pain relief or significant documented functional improvement for a **minimum of 2 months** before each therapeutic injection
	• The individual continues to have pain causing functional disability or average pain level ≥ 6 on a scale of 0 to 10 related to the requested spinal region.
	• The individual is engaged in ongoing active conservative treatment unless the medical reason this treatment cannot be done is clearly documented
	• For individuals that have received other interventional pain injections in the lumbar/sacral region (e.g., epidural steroid injection or facet joint injection) since the last SIJ injection, at least one repeat positive provocative exam finding is required (pelvic (SI) distraction test, pelvic (SI) compression test, sacral thrust test, FABER (Patrick's test), posterior shear test, Yeoman's test, Gaenslen's test, or thigh thrust).
	• A maximum of 4 sacroiliac joint injections may be performed in a 12-month period per region in the therapeutic phase
	
	EXCLUSIONS
	These requests are excluded from consideration under this guideline:
	• Sacral lateral branch blocks (S1, S2, S3)
	• Radiofrequency denervation of the sacroiliac joint
	
	CONTRAINDICATIONS (2,3,4)
	• Absolute contraindications
	  ○ Active systemic or spinal infection
	  ○ Skin infection at the site of needle puncture
	  ○ Local malignancy
	  ○ Septic joint

Reproduction without authorization from Blue Shield of California is prohibited.

POLICY STATEMENT	
BEFORE Red font: Verbiage removed	AFTER Blue font: Verbiage Changes/Additions

	• Relative contraindications
	  ○ Coagulopathy
	  ○ Pregnancy
	  ○ Uncontrollable Diabetes
	  ○ Current and uninterrupted use of blood-thinning medication

Reproduction without authorization from Blue Shield of California is prohibited.