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POLICY LAST UPDATED: 11|21|2017

OVERVIEW

Sacroiliac joint (SIJ) arthrography using fluoroscopic guidance with injection of an anesthetic has been explored as a diagnostic test for SIJ 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.

MEDICAL CRITERIA

BlueCHiP for Medicare and Commercial Products

Sacroiliac joint injection is considered medically necessary when all of the medical criteria below are met:

Initial Injection

1. For the treatment of chronic low back or buttock pain that is considered to be secondary to suspected sacroiliac joint dysfunction, AND
2. Patient does not exhibit any neurologic deficits, AND
3. The following conservative therapy and noninvasive treatments have failed to provide pain relief in the past year and there is continued pain after treatment:
 - nonsteroidal anti-inflammatory drugs \geq 3 weeks, AND
 - activity modification \geq 4 weeks, AND
 - home exercise or physical therapy program \geq 4 weeks

Repeat Injection

1. There is documented pain reduction of \geq 50% after prior injection, AND
2. Will occur within 12 months of the initial injection

PRIOR AUTHORIZATION

BlueCHiP for Medicare and Commercial Products

Prior authorization is required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Sacroiliac joint injection is considered medically necessary when the medical criteria in this policy has been met.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for the applicable surgery services benefits/coverage.

BACKGROUND

Similar to other structures in the spine, it is assumed that the sacroiliac joint (SIJ) may be a source of low back pain. In fact, before 1928, the SIJ 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 SIJ received less research attention.

Research into SIJ 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, SIJ 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 SIJ pain may include various movement tests, palpation to detect tenderness, and pain descriptions by the patient. Further confounding study of the SIJ is that multiple structures, (eg, posterior facet joints, lumbar discs) may refer pain to the area surrounding the SIJ.

Because of inconsistent information obtained from history and physical examination, some have proposed the use of image-guided anesthetic injection into the SIJ for the diagnosis of SIJ pain.

The sacroiliac (SI) joint is a diarthrodial, synovial joint which is formed by the articular surfaces of the sacrum and iliac bones. The SI joints bear the weight of the trunk and as a result are subject to the development of strain and/or pain.

CODING

BlueCHiP for Medicare and Commercial Products

The following CPT Code is medically necessary when medical criteria are met:

27096 Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed

RELATED POLICIES

Preauthorization via Web-Based Tool for Procedures

PUBLISHED

Provider Update, January 2017

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