

## MEDICAL POLICY

POLICY TITLE	DIAGNOSIS AND TREATMENT OF SACROILIAC JOINT PAIN
POLICY NUMBER	MP 5.048

CLINICAL BENEFIT	<input checked="" type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input checked="" type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	6/1/2025

[POLICY RATIONALE](#)  
[DISCLAIMER](#)  
[POLICY HISTORY](#)

[PRODUCT VARIATIONS](#)  
[DEFINITIONS](#)  
[CODING INFORMATION](#)

[DESCRIPTION/BACKGROUND](#)  
[BENEFIT VARIATIONS](#)  
[REFERENCES](#)

### I. POLICY

#### Sacroiliac Joint Arthrography

Arthrography of the sacroiliac joint is considered **investigational**. There is insufficient evidence to support a conclusion concerning the general health outcomes or benefits associated with this procedure.

#### Sacroiliac Joint Injections

Injection of anesthetic for **diagnosing** SIJ 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 SIJ 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 four per twelve-month period

## MEDICAL POLICY

<b>POLICY TITLE</b>	<b>DIAGNOSIS AND TREATMENT OF SACROILIAC JOINT PAIN</b>
<b>POLICY NUMBER</b>	<b>MP 5.048</b>

Sacroiliac injections are considered **investigational** for indications other than those listed above. There is insufficient evidence to support a conclusion concerning the general health outcomes or benefits associated with this procedure.

### Radiofrequency Ablation

Radiofrequency ablation (RFA) of the sacroiliac joint is considered **investigational**. There is insufficient evidence to support a conclusion concerning the general health outcomes or benefits associated with this procedure.

### Policy Guidelines

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

Conservative nonsurgical therapy for the duration specified should include the following:

- Use of prescription strength analgesics for several weeks at a dose sufficient to induce a therapeutic response
  - Analgesics should include anti-inflammatory medications with or without adjunctive medications such as nerve membrane stabilizers or muscle relaxants AND
- Participation in at least 6 weeks of physical therapy (including active exercise) or documentation of why the patient could not tolerate physical therapy, AND
- Evaluation and appropriate management of associated cognitive, behavioral, or addiction issues
- Documentation of patient compliance with the preceding criteria.

A successful trial of controlled diagnostic lateral branch blocks consists of two separate positive blocks on different days with local anesthetic only (no steroids or other drugs), or a placebo-controlled series of blocks, under fluoroscopic guidance, that has resulted in a reduction in pain for the duration of the local anesthetic used (e.g., 3 hours longer with bupivacaine than lidocaine). There is no consensus on whether a minimum of 50% or 75% reduction in pain would be required to be considered a successful diagnostic block, although evidence that supported a criterion standard of 75% to 100% reduction in pain with dual blocks. No therapeutic intra-articular injections (i.e., steroids, saline, other substances) should be administered for a period of at least 4 weeks before the diagnostic block. The diagnostic blocks should not be conducted under intravenous sedation unless specifically indicated (e.g., the patient is unable to cooperate with the procedure).

### Cross-References:

**MP 5.049 Facet Joint Denervation**

**MP 2.061 Prolotherapy**

## MEDICAL POLICY

<b>POLICY TITLE</b>	<b>DIAGNOSIS AND TREATMENT OF SACROILIAC JOINT PAIN</b>
<b>POLICY NUMBER</b>	<b>MP 5.048</b>

### II. PRODUCT VARIATIONS

[TOP](#)

This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

**FEP PPO** - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at: <https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>

### III. DESCRIPTION/BACKGROUND

[TOP](#)

#### SACROILIAC JOINT PAIN

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.

#### Diagnosis

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 the study of the SIJ is that multiple structures, (e.g., 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. Treatments being investigated for SIJ pain include prolotherapy (see Medical Policy 2.061), corticosteroid injection, radiofrequency ablation, stabilization, and arthrodesis. Some procedures have been referred to as SIJ fusion but may be more appropriately called fixation due to little to no bridging bone on radiographs. Devices for SIJ fixation/fusion that promote bone ingrowth to fixate the implants include a triangular implant (iFuse Implant System) and cylindrical threaded devices (Rialto, SImmetry, Silex, SambaScrew, SI-LOK). Some devices also have a slot in the middle where autologous or allogeneic bone can be inserted. This added bone is intended to promote fusion of the SIJ.

A 2021 review identified 33 different devices that could be implanted using either a lateral transiliac approach (n=21), posterior allograft approach (n=6), posterolateral approach (n=3), or a combination of the approaches (n=3).<sup>1</sup> The iliosacral and posterolateral approaches use up to 3 implants that pass through the ilium, while the posterior approach involves inserting implants directly into the SIJ. Many of the devices are intended to be used with allograft bone. Implants composed entirely of allograft bone are typically inserted through a posterior approach. The authors found no published evidence for 23 of the 33 devices identified.

## MEDICAL POLICY

<b>POLICY TITLE</b>	<b>DIAGNOSIS AND TREATMENT OF SACROILIAC JOINT PAIN</b>
<b>POLICY NUMBER</b>	<b>MP 5.048</b>

### 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, GXI.

## IV. RATIONALE

[TOP](#)

### Summary of Evidence

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. The evidence is insufficient to determine the effects of the technology on health outcomes.

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. Results from two small RCTs showed that therapeutic SIJ steroid injections were not as effective as other active treatments. Larger trials, preferably using sham injections, are needed to determine the degree of benefit of corticosteroid injections over placebo. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have SIJ pain who receive radiofrequency ablation, the evidence includes 5 RCTs using different radiofrequency applications and case series. Relevant outcomes are symptoms, functional outcomes, quality of life, medication use, and treatment-related morbidity. Meta-analysis of available sham controlled RCTs suggests that there may be a small effect of RFA on SIJ pain at short-term (1-3 months) follow-up. However, the randomized trials of RFA have methodologic limitations, and there is limited data on the duration of the treatment effect. The single RCT with 6- and 12-month follow-up showed no significant benefit of RFA compared to an exercise control group at these time points. In addition, heterogeneity of RFA treatment techniques precludes generalizing results across different studies. For RFA with a cooled probe, two small RCTs reported short-term benefits, but these are insufficient to determine the overall effect on health outcomes. An RCT on palisade RFA of the SIJ did not include a sham control. Another sham-controlled randomized trial showed no benefit from 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.

## V. DEFINITIONS

[TOP](#)

**ARTHROGRAPHY** is a diagnostic study that involves the injection of contrast media into a joint.

## MEDICAL POLICY

POLICY TITLE	DIAGNOSIS AND TREATMENT OF SACROILIAC JOINT PAIN
POLICY NUMBER	MP 5.048

### VI. BENEFIT VARIATIONS

[TOP](#)

The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations are based on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

### VII. DISCLAIMER

[TOP](#)

*Capital Blue Cross' medical policies are developed to assist in administering a member's benefits. These medical policies do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.*

### VIII. CODING INFORMATION

[TOP](#)

**Note:** This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

#### Investigational when used to bill for sacroiliac joint arthrography; therefore, not covered:

Procedure Codes								
27096	G0259							

Current Procedural Terminology (CPT) copyrighted by American Medical Association. All Rights Reserved.

#### Investigational when billed for radiofrequency ablation of the sacroiliac joint; therefore, not covered:

Procedure Codes								
64625	64635							

Current Procedural Terminology (CPT) copyrighted by American Medical Association. All Rights Reserved.

#### Covered when medically necessary:

## MEDICAL POLICY

<b>POLICY TITLE</b>	<b>DIAGNOSIS AND TREATMENT OF SACROILIAC JOINT PAIN</b>
<b>POLICY NUMBER</b>	<b>MP 5.048</b>

Procedure Codes							
27096	G0260						

Current Procedural Terminology (CPT) copyrighted by American Medical Association. All Rights Reserved.

ICD-10-CM Diagnosis Codes	Description
M46.1	Sacroiliitis, not elsewhere classified
M53.3	Sacrococcygeal disorders, not elsewhere classified
M54.18	Radiculopathy, sacral and sacrococcygeal region
M54.30	Sciatica, unspecified side
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M54.40	Lumbago with sciatic, unspecified side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.5	Low back pain
M54.50	Low back pain, unspecified
M54.51	Vertebrogenic low back pain
M54.59	Other low back pain

***\*Note: For codes 27279 and 27280 related to arthrodesis, refer to TurningPoint Healthcare policies effective 1/1/2019.***

### VIII. REFERENCES

[TOP](#)

1. Himstead AS, Brown NJ, Shahrestani S, et al. Trends in Diagnosis and Treatment of Sacroiliac Joint Pathology Over the Past 10 Years: Review of Scientific Evidence for New Devices for Sacroiliac Joint Fusion. Cureus. Jun 2021; 13(6): e15415. PMID 34249562
2. Dreyfuss P, Michaelsen M, Pauza K, et al. The value of medical history and physical examination in diagnosing sacroiliac joint pain. Spine (Phila Pa 1976). Nov 15 1996; 21(22): 2594-602. PMID 8961447
3. Simopoulos TT, Manchikanti L, Gupta S, et al. Systematic Review of the Diagnostic Accuracy and Therapeutic Effectiveness of Sacroiliac Joint Interventions. Pain Physician. Sep-Oct 2015; 18(5): E713-56. PMID 26431129
4. Manchikanti L, Abdi S, Atluri S, et al. An update of comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. Pain Physician. Apr 2013; 16(2 Suppl): S49-283. PMID 23615883
5. Manchikanti L, Datta S, Derby R, et al. A critical review of the American Pain Society clinical practice guidelines for interventional techniques: part 1. Diagnostic interventions. Pain Physician. May-Jun 2010; 13(3): E141-74. PMID 20495596



## MEDICAL POLICY

<b>POLICY TITLE</b>	<b>DIAGNOSIS AND TREATMENT OF SACROILIAC JOINT PAIN</b>
<b>POLICY NUMBER</b>	<b>MP 5.048</b>

6. Manchikanti L, Datta S, Gupta S, et al. A critical review of the American Pain Society clinical practice guidelines for interventional techniques: part 2. Therapeutic interventions. Pain Physician. Jul-Aug 2010; 13(4): E215-64. PMID 20648212
7. Rupert MP, Lee M, Manchikanti L, et al. Evaluation of sacroiliac joint interventions: a systematic appraisal of the literature. Pain Physician. Mar-Apr 2009; 12(2): 399-418. PMID 19305487
8. Chou R, Atlas SJ, Stanos SP, et al. Nonsurgical interventional therapies for low back pain: a review of the evidence for an American Pain Society clinical practice guideline. Spine (Phila Pa 1976). May 01 2009; 34(10): 1078-93. PMID 19363456
9. Chou R, Loeser JD, Owens DK, et al. Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain: an evidence-based clinical practice guideline from the American Pain Society. Spine (Phila Pa 1976). May 01 2009; 34(10): 1066-77. PMID 19363457
10. Hansen H, Manchikanti L, Simopoulos TT, et al. A systematic evaluation of the therapeutic effectiveness of sacroiliac joint interventions. Pain Physician. May-Jun 2012; 15(3): E247-78. PMID 22622913
11. Patel A, Kumar D, Singh S, et al. Effect of Fluoroscopic-Guided Corticosteroid Injection in Patients With Sacroiliac Joint Dysfunction. Cureus. Mar 2023; 15(3): e36406. PMID 37090293
12. Visser LH, Woudenberg NP, de Bont J, et al. Treatment of the sacroiliac joint in patients with leg pain: a randomized-controlled trial. Eur Spine J. Oct 2013; 22(10): 2310-7. PMID 23720124
13. Kim WM, Lee HG, Jeong CW, et al. A randomized controlled trial of intra-articular prolotherapy versus steroid injection for sacroiliac joint pain. J Altern Complement Med. Dec 2010; 16(12): 1285-90. PMID 21138388
14. Kennedy DJ, Engel A, Kreiner DS, et al. Fluoroscopically Guided Diagnostic and Therapeutic Intra-Articular Sacroiliac Joint Injections: A Systematic Review. Pain Med. Aug 2015; 16(8): 1500-18. PMID 26178855
15. Ab Aziz SNF, Zakaria Mohamad Z, Karupiah RK, et al. Efficacy of Sacroiliac Joint Injection With Anesthetic and Corticosteroid: A Prospective Observational Study. Cureus. Apr 2022; 14(4): e24039. PMID 35547453
16. Al Khayyat SG, Fogliame G, Barbagli S, et al. Ultrasound guided corticosteroids sacroiliac joint injections (SIJIs) in the management of active sacroiliitis: a real-life prospective experience. J Ultrasound. Jun 2023; 26(2): 479-486. PMID 36229757
17. Chandrupatla RS, Shahidi B, Bruno K, et al. A Retrospective Study on Patient-Specific Predictors for Non-Response to Sacroiliac Joint Injections. Int J Environ Res Public Health. Nov 23 2022; 19(23). PMID 36497595
18. Chou R, Fu R, Dana T, Pappas M, Hart E, Mauer KM. Interventional Treatments for Acute and Chronic Pain: Systematic Review. Comparative Effectiveness Review No. 247. (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 75Q80120D00006.) AHRQ Publication No. 21-EHC030. Rockville, MD: Agency for Healthcare Research and Quality; September 2021. PMID: 34524764
19. Chappell ME, Lakshman R, Trotter P, et al. Radiofrequency denervation for chronic back pain: a systematic review and meta-analysis. BMJ Open. Jul 21 2020; 10(7): e035540. PMID 32699129

## MEDICAL POLICY

<b>POLICY TITLE</b>	<b>DIAGNOSIS AND TREATMENT OF SACROILIAC JOINT PAIN</b>
<b>POLICY NUMBER</b>	<b>MP 5.048</b>

20. Juch JNS, Maas ET, Ostelo RWJG, et al. Effect of Radiofrequency Denervation on Pain Intensity Among Patients With Chronic Low Back Pain: The Mint Randomized Clinical Trials. JAMA. Jul 04 2017; 318(1): 68-81. PMID 28672319
21. Chen CH, Weng PW, Wu LC, et al. Radiofrequency neurotomy in chronic lumbar and sacroiliac joint pain: A meta-analysis. Medicine (Baltimore). Jun 2019; 98(26): e16230. PMID 31261580
22. Cohen SP, Kapural L, Kohan L, et al. Cooled radiofrequency ablation versus standard medical management for chronic sacroiliac joint pain: a multicenter, randomized comparative effectiveness study. Reg Anesth Pain Med. Jul 05 2023. PMID 37407279
23. Mehta V, Poply K, Husband M, et al. The Effects of Radiofrequency Neurotomy Using a Strip-Lesioning Device on Patients with Sacroiliac Joint Pain: Results from a Single-Center, Randomized, Sham-Controlled Trial. Pain Physician. Nov 2018; 21(6): 607-618. PMID 30508988
24. van Tilburg CW, Schuurmans FA, Stronks DL, et al. Randomized Sham-controlled Double-Blind Multicenter Clinical Trial to Ascertain the Effect of Percutaneous Radiofrequency Treatment for Sacroiliac Joint Pain: Three-month Results. Clin J Pain. Nov 2016; 32(11): 921-926. PMID 26889616
25. Zheng Y, Gu M, Shi D, et al. Tomography-guided palisade sacroiliac joint radiofrequency neurotomy versus celecoxib for ankylosing spondylitis: a open-label, randomized, and controlled trial. Rheumatol Int. Sep 2014; 34(9): 1195-202. PMID 24518967
26. Patel N, Gross A, Brown L, et al. A randomized, placebo-controlled study to assess the efficacy of lateral branch neurotomy for chronic sacroiliac joint pain. Pain Med. Mar 2012; 13(3): 383-98. PMID 22299761
27. Patel N. Twelve-Month Follow-Up of a Randomized Trial Assessing Cooled Radiofrequency Denervation as a Treatment for Sacroiliac Region Pain. Pain Pract. Feb 2016; 16(2): 154-67. PMID 25565322
28. Whang P, Cher D, Polly D, et al. Sacroiliac Joint Fusion Using Triangular Titanium Implants vs. Non-Surgical Management: Six-Month Outcomes from a Prospective Randomized Controlled Trial. Int J Spine Surg. 2015; 9: 6. PMID 25785242
29. Polly DW, Cher DJ, Wine KD, et al. Randomized Controlled Trial of Minimally Invasive Sacroiliac Joint Fusion Using Triangular Titanium Implants vs Nonsurgical Management for Sacroiliac Joint Dysfunction: 12-Month Outcomes. Neurosurgery. Nov 2015; 77(5): 674-90; discussion 690-1. PMID 26291338
30. Polly DW, Swofford J, Whang PG, et al. Two-Year Outcomes from a Randomized Controlled Trial of Minimally Invasive Sacroiliac Joint Fusion vs. Non-Surgical Management for Sacroiliac Joint Dysfunction. Int J Spine Surg. 2016; 10: 28. PMID 27652199
31. Darr E, Meyer SC, Whang PG, et al. Long-term prospective outcomes after minimally invasive trans-iliac sacroiliac joint fusion using triangular titanium implants. Med Devices (Auckl). 2018; 11: 113-121. PMID 29674852
32. Stureson B, Kools D, Pflugmacher R, et al. Six-month outcomes from a randomized controlled trial of minimally invasive SI joint fusion with triangular titanium implants vs conservative management. Eur Spine J. Mar 2017; 26(3): 708-719. PMID 27179664
33. Dengler J, Stureson B, Kools D, et al. Referred leg pain originating from the sacroiliac joint: 6-month outcomes from the prospective randomized controlled iMIA trial. Acta Neurochir (Wien). Nov 2016; 158(11): 2219-2224. PMID 27629371



## MEDICAL POLICY

<b>POLICY TITLE</b>	<b>DIAGNOSIS AND TREATMENT OF SACROILIAC JOINT PAIN</b>
<b>POLICY NUMBER</b>	<b>MP 5.048</b>

34. Dengler JD, Kools D, Pflugmacher R, et al. 1-Year Results of a Randomized Controlled Trial of Conservative Management vs. Minimally Invasive Surgical Treatment for Sacroiliac Joint Pain. *Pain Physician*. Sep 2017; 20(6): 537-550. PMID 28934785
35. Dengler J, Kools D, Pflugmacher R, et al. Randomized Trial of Sacroiliac Joint Arthrodesis Compared with Conservative Management for Chronic Low Back Pain Attributed to the Sacroiliac Joint. *J Bone Joint Surg Am*. Mar 06 2019; 101(5): 400-411. PMID 30845034
36. Duhon BS, Cher DJ, Wine KD, et al. Triangular Titanium Implants for Minimally Invasive Sacroiliac Joint Fusion: A Prospective Study. *Global Spine J*. May 2016; 6(3): 257-69. PMID 27099817
37. Duhon BS, Bitan F, Lockstadt H, et al. Triangular Titanium Implants for Minimally Invasive Sacroiliac Joint Fusion: 2-Year Follow-Up from a Prospective Multicenter Trial. *Int J Spine Surg*. 2016; 10: 13. PMID 27162715
38. Whang PG, Darr E, Meyer SC, et al. Long-Term Prospective Clinical And Radiographic Outcomes After Minimally Invasive Lateral Transiliac Sacroiliac Joint Fusion Using Triangular Titanium Implants. *Med Devices (Auckl)*. 2019; 12: 411-422. PMID 31576181
39. Patel V, Kovalsky D, Meyer SC, et al. Prospective Trial of Sacroiliac Joint Fusion Using 3D-Printed Triangular Titanium Implants. *Med Devices (Auckl)*. 2020; 13: 173-182. PMID 32607011
40. Vanaclocha V, Herrera JM, Saiz-Sapena N, et al. Minimally Invasive Sacroiliac Joint Fusion, Radiofrequency Denervation, and Conservative Management for Sacroiliac Joint Pain: 6-Year Comparative Case Series. *Neurosurgery*. Jan 01 2018; 82(1): 48-55. PMID 28431026
41. Spain K, Holt T. Surgical Revision after Sacroiliac Joint Fixation or Fusion. *Int J Spine Surg*. 2017; 11: 5. PMID 28377863
42. Schoell K, Buser Z, Jakoi A, et al. Postoperative complications in patients undergoing minimally invasive sacroiliac fusion. *Spine J*. Nov 2016; 16(11): 1324-1332. PMID 27349627
43. Tran ZV, Ivashchenko A, Brooks L. Sacroiliac Joint Fusion Methodology - Minimally Invasive Compared to Screw-Type Surgeries: A Systematic Review and Meta-Analysis. *Pain Physician*. Jan 2019; 22(1): 29-40. PMID 30700066
44. Lorio M, Kube R, Araghi A. International Society for the Advancement of Spine Surgery Policy 2020 Update-Minimally Invasive Surgical Sacroiliac Joint Fusion (for Chronic Sacroiliac Joint Pain): Coverage Indications, Limitations, and Medical Necessity. *Int J Spine Surg*. Dec 2020; 14(6): 860-895. PMID 33560247
45. Rappoport LH, Luna IY, Joshua G. Minimally Invasive Sacroiliac Joint Fusion Using a Novel Hydroxyapatite-Coated Screw: Preliminary 1-Year Clinical and Radiographic Results of a 2-Year Prospective Study. *World Neurosurg*. May 2017; 101: 493-497. PMID 28216399
46. Rappoport LH, Helsper K, Shirk T. Minimally invasive sacroiliac joint fusion using a novel hydroxyapatite-coated screw: final 2-year clinical and radiographic results. *J Spine Surg*. Jun 2021; 7(2): 155-161. PMID 34296027
47. Fuchs V, Ruhl B. Distraction arthrodesis of the sacroiliac joint: 2-year results of a descriptive prospective multi-center cohort study in 171 patients. *Eur Spine J*. Jan 2018; 27(1): 194-204. PMID 29058134
48. Calodney AK, Azeem N, Buchanan P, et al. Six Month Interim Outcomes from SECURE: A Single arm, Multicenter, Prospective, Clinical Study on a Novel Minimally Invasive Posterior Sacroiliac Fusion Device. *Expert Rev Med Devices*. May 2022; 19(5): 451-461. PMID 35724479

## MEDICAL POLICY

<b>POLICY TITLE</b>	<b>DIAGNOSIS AND TREATMENT OF SACROILIAC JOINT PAIN</b>
<b>POLICY NUMBER</b>	<b>MP 5.048</b>

49. Kucharzyk D, Colle K, Boone C, et al. Clinical Outcomes Following Minimally Invasive Sacroiliac Joint Fusion With Decortication: The EVoluSIon Clinical Study. Int J Spine Surg. Feb 2022; 16(1): 168-175. PMID 35217586
50. Benzon HT, Connis RT, De Leon-Casasola OA, et al. Practice guidelines for chronic pain management: an updated report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. Anesthesiology. Apr 2010; 112(4): 810-33. PMID 20124882
51. Lee DW, Pritzlaff S, Jung MJ, et al. Latest Evidence-Based Application for Radiofrequency Neurotomy (LEARN): Best Practice Guidelines from the American Society of Pain and Neuroscience (ASPN). J Pain Res. 2021; 14: 2807-2831. PMID 34526815
52. Sayed D, Grider J, Strand N, et al. The American Society of Pain and Neuroscience (ASPN) Evidence-Based Clinical Guideline of Interventional Treatments for Low Back Pain. J Pain Res. 2022; 15: 3729-3832. PMID 36510616
53. National Institute for Health and Care Excellence. Minimally invasive sacroiliac joint fusion surgery for chronic sacroiliac pain [IPG578]. 2017
54. National Institute for Health and Care Excellence. iFuse for treating chronic sacroiliac joint pain [MTG39]. 2022
55. Patel A, Kumar D, Singh S, et al. Effect of Fluoroscopic-Guided Corticosteroid Injection in Patients With Sacroiliac Joint Dysfunction. Cureus. Mar 2023; 15(3): e36406. PMID 37090293
56. Al Khayyat SG, Fogliame G, Barbagli S, et al. Ultrasound guided corticosteroids sacroiliac joint injections (SIJIs) in the management of active sacroiliitis: a real-life prospective experience. J Ultrasound. Jun 2023; 26(2): 479-486. PMID 36229757
57. Cohen SP, Kapural L, Kohan L, et al. Cooled radiofrequency ablation versus standard medical management for chronic sacroiliac joint pain: a multicenter, randomized comparative effectiveness study. Reg Anesth Pain Med. Jul 05 2023. PMID 37407279
58. Blue Cross Blue Shield Association Medical Policy Reference Manual. 6.01.23, Diagnosis and Treatment of Sacroiliac Joint Pain. December 2023

### IX. POLICY HISTORY

[TOP](#)

<b>MP 5.048</b>	<b>01/01/2020 Administrative Update.</b> New code added, 64625.
	<b>06/16/2020 Consensus Review.</b> No change to policy statement. References reviewed. Two ICD codes added to include unspecified codes.
	<b>08/09/2021 Consensus Review.</b> Policy statement unchanged. Background, Rationale and References updated.
	<b>09/07/2021 Administrative Update.</b> Added new ICD-10 codes. Effective date 10/01/2021.
	<b>12/01/2022 Consensus Review.</b> No change to policy statements. References updated. Background and summary of evidence reviewed.
	<b>11/09/2023 Consensus Review.</b> No change to policy statements. References updated. Coding reviewed and updated.
	<b>11/19/2024 Minor Review.</b> Changed all policy statements that were Not Medically Necessary to Investigational. Sacroiliac injections are now divided into therapeutic and diagnostic sections. References reviewed and updated. No coding changes.

## MEDICAL POLICY

<b>POLICY TITLE</b>	<b>DIAGNOSIS AND TREATMENT OF SACROILIAC JOINT PAIN</b>
<b>POLICY NUMBER</b>	<b>MP 5.048</b>

[Top](#)

*Health care benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company<sup>®</sup>, Capital Advantage Assurance Company<sup>®</sup> and Keystone Health Plan<sup>®</sup> Central. Independent licensees of the Blue Cross BlueShield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.*