

# Clinical Policy: Sacroiliac Joint Interventions for Pain Management

Reference Number: PA.CP.MP.166

[Coding Implications](#)

Plan Effective Date: 09/2018

[Revision Log](#)

Date of Last Revision: 07/2025

## Description

Treatment for sacroiliac joint (SIJ) pain and dysfunction is usually conservative (non-surgical) and focuses on pain relief. In patients who have failed to respond to conservative therapy, an SIJ injection can be helpful for both diagnostic and therapeutic purposes. SIJ injections into the synovial sac of the SIJ may provide immediate and significant pain relief.

*Note: For criteria applicable to Medicare plans, please see MC.CP.MP.166 Sacroiliac Joint Interventions.*

## Policy/Criteria

**I.** It is the policy of PA Health and Wellness® (PHW) that invasive pain management procedures performed by a physician are **medically necessary** when the relevant criteria are met and the member/enrollee receives only one procedure per visit, with fluoroscopic or computed tomography (CT) guidance.

- A. Sacroiliac joint injections are medically necessary for the following indications:
  1. *One diagnostic or therapeutic sacroiliac joint (SIJ) injection* for SIJ pain, all of the following:
    - a. Somatic or nonradicular low back and lower extremity pain below the level of L5 vertebra that interferes with activities of daily living (ADLs) for at least three months;
    - b. Tenderness by palpation present over SIJ;
    - c. There is a positive response to at least three SIJ pain provocation tests (distraction, compression, thigh thrust/posterior pelvic pain provocation test, Gaenslen's, Patrick's test/FABER test, or sacral thrust [thrust tests may not be recommended in pregnant members/enrollees or those with connective tissue disorders];
    - d. The member/enrollee has failed to respond to conservative therapy including all of the following:
      - i. Chiropractic, physical therapy, or prescribed home exercise program  $\geq$  four weeks;
      - ii. Nonsteroidal anti-inflammatory drugs (NSAIDs)  $\geq$  3 weeks or NSAIDs contraindicated or not tolerated;
      - iii. Activity modification  $\geq$  four weeks;
    - e. Clinical findings and imaging studies, when available, lack obvious evidence for disc-related or facet joint pain;
    - f. No other possible diagnosis is more likely.
  2. *A second diagnostic or confirmatory sacroiliac joint injection* when pain was improved by at least 75% after the first diagnostic SIJ injection and at least two weeks have passed since the initial injection.

## CLINICAL POLICY

### Sacroiliac Joint Interventions

3. *Subsequent therapeutic SIJ injections* for recurrence of pain, all of the following:
  - a. Initial therapeutic injection(s) led to  $\geq 50\%$  relief and functional improvement for at least two months;
  - b. Request is for SIJ injection administered for temporary relief of lower back pain in conjunction with other noninvasive treatment methods (e.g., to participate in physical therapy), and not as a stand-alone therapy;
  - c. SIJ injection is given at intervals at least two months apart;
  - d. Less than four therapeutic SIJ injections have been given at the same site in the last 12 months.

**II.** It is the policy of PHW that if pain does not improve by  $\geq 75\%$  after the second diagnostic SIJ injection, *subsequent SIJ injections* are **not medically necessary** because effectiveness has not been established.

**III.** It is the policy of PHW that *continuation of injections* beyond 12 months is considered **not medically necessary** because effectiveness and safety have not been established. When more definitive therapies cannot be tolerated or provided, consideration will be made on a case-by-case basis.

**IV.** It is the policy of PHW that *sacroiliac nerve blocks* are considered **not medically necessary** because effectiveness has not been established.

**V.** It is the policy of PHW that *radiofrequency neurotomy (conventional, cooled, and pulsed)* of the SIJ is considered **not medically necessary** because effectiveness has not been established. High-quality studies are lacking for conventional and pulsed radiofrequency neurotomy of the SIJ. For cooled radiofrequency neurotomy, additional well-designed studies are needed to evaluate effectiveness.

\*Note: Requests for services considered **not medically necessary** are to be reviewed on a case-by-case basis. Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.

### Background

#### *Sacroiliac Joint (SIJ) Injections*

Low back pain is the leading cause of disability globally with the sacroiliac joint (SIJ) being an identifiable cause of chronic low back pain in 15 to 30% of patients.<sup>27,29</sup> Treatment for SIJ dysfunction and pain is usually conservative and focuses on pain relief. In patients who have failed four to six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and nonsteroidal anti-inflammatory drugs (NSAIDs), an SIJ injection can be helpful for both diagnostic and therapeutic purposes.<sup>8,29</sup> The International Association for the Study of Pain (IASP) advised the following criteria for confirming a diagnosis of SIJ pain: pain is present in the SIJ region; stressing the SIJ by performing clinical tests that are selective for the joint replicates the patient's pain; and selectively infiltrating the presumptive symptomatic joint with local anesthetic provides complete relief of the patient's pain.<sup>28</sup> SIJ injections into the synovial sac of the SIJ may provide immediate and significant pain relief.

## CLINICAL POLICY

### Sacroiliac Joint Interventions

Adding a steroid to the solution injected may reduce any inflammation that may exist within the joint(s) and result in a prolonged period of freedom from pain.<sup>8,29</sup>

A study by Visser et al. (2013) evaluated the effect of manual therapy and physiotherapy versus SIJ injection for low back and leg pain using a single-blinded randomized trial of treatment for 51 patients with SIJ-related leg pain. The effect of the treatment was evaluated after six and 12 weeks. Manual therapy had a significantly better success rate than physiotherapy ( $p = 0.003$ ). The authors concluded in the small single-blinded prospective study that manual therapy appeared to be the choice of treatment for patients with SIJ-related leg pain.<sup>1</sup> A second choice of treatment to be considered is an intra-articular injection.<sup>1,22</sup>

The recommended treatment duration is generally no more than four therapeutic SIJ injection sessions per rolling 12 months; however, when requests are made for continued treatment beyond 12 months, the following documentation can assist with determining medical necessity:

- Pain is severe enough to cause a significant degree of functional disability or vocational disability and providers use established and measurable goals and objective scales to assess functionality and activities of daily living (ADLs) measures.
- SIJ injections provide at least 50% sustained and consistent improvement of pain and/or 50% sustained and consistent objective improvement in function (using same scale as baseline) for at least three months.
- Rationale for the continuation of SIJ injections including but not limited to patients who are high-risk surgical candidates, do not desire surgery, and/or the recurrence of pain in the same location was sustained and consistently relieved with the SIJ injections for at least three months.<sup>26</sup>

#### *SIJ Radiofrequency Neurotomy*

A growing number of studies have assessed the effect of treatment with radiofrequency denervation on SIJ pain, with mixed results. Radiofrequency denervation, also known as RFD or radiofrequency neurotomy, describes the use of radiofrequency energy to stop the transmission of pain signals to the central nervous system.<sup>5</sup> One study found no difference between conventional radiofrequency ablation (RFA) and a sham treatment on pain relief.<sup>2</sup> A systematic review evaluating cooled RFA procedures indicated cooled RFA demonstrated short term outcomes improvements of moderate strength of evidence for pain at three months and low for function at one month with no serious complications reported with strength of evidence low.<sup>26</sup> An Agency for Healthcare Research and Quality (AHRQ) report noted that cooled radiofrequency denervation is probably moderately more effective for reducing pain and improving function than sham for sacroiliac pain in younger populations when compared to conventional radiofrequency for presumed facet joint pain.<sup>25</sup> A 2017 publication of three randomized controlled trials of 681 participants with chronic low back pain found no statistically significant improvement in pain from treatment with a standardized exercise program plus RFA, versus the standardized exercise program alone.<sup>3</sup> A systematic review of 12 randomized controlled trials measuring the efficacy of radiofrequency neurotomy to manage chronic low back pain showed moderate evidence for both short-term and long-term improvement.<sup>23</sup>

Ho et al. (2013) noted that radiofrequency denervation of the SIJ has been inconsistent because the variable sensory supply to the SIJ is difficult to disrupt completely using conventional

## CLINICAL POLICY

### Sacroiliac Joint Interventions

ablation. The authors concluded that denervation showed long-term effectiveness for up to two years in the treatment of SIJ pain. However, there are limitations of this study included with small sample size with a retrospective review with no placebo-control or sham-control group.<sup>24</sup> The American Society of Interventional Pain Physicians 2013 guidelines rate the evidence for cooled RFA as fair, and limited for conventional and pulsed RFA.<sup>5</sup> The North American Spine Society (NASS) guidelines indicate that consideration can be given to cooled RFA of the sacral lateral branch nerves and dorsal ramus of L5 for patients with sacroiliac joint pain diagnosed with dual diagnostic blocks. Additional randomized trials are required to compare the various nerve ablation techniques of the lateral branch nerves for sacroiliac joint pain as well as trials with greater than 12 months of follow-up for evaluation of long-term pain relief via functional ability and quality of life.<sup>5,22</sup>

### Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

### CPT Code that supports coverage criteria

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

### CPT codes that do not support coverage criteria

CPT® Codes	Description
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

### HCPCS code that supports coverage criteria

HCPCS Codes	Description
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography

Reviews, Revisions, and Approvals	Revision Date	Approval Date
New policy developed. Split from retired CP.MP.118 Injections for Pain Management. No criteria change.	09/18	10/18

## CLINICAL POLICY

### Sacroiliac Joint Interventions

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Annual review of policy. Minor wording changes to match language in other pain injection policies. Added New 2020 CPT code- 64625 as not medically necessary. Added criteria stating SIJ nerve blocks as not medically necessary, along with code 64451. References reviewed and updated, with two additional references added. Specialty review completed. Reworded II. for clarity.	06/2020	
Annual review completed. Updated I.A. to specify that the criteria apply to therapeutic injections as well as diagnostic. Updated I.B. to state “A second diagnostic or confirmatory sacroiliac joint injection when pain was improved by at least 75% after the first diagnostic SIJ injection”, rather than that pain did not improve. I.C. updated to specify “therapeutic” SIJ injection. II was changed from 50% to 75%. Updated background. Replaced member with member/enrollee in all instances. Changed “review date” in the header to “date of last revision” and “date” in the revision log header to “revision date.” References reviewed, updated, and reformatted.	7/28/2022	
Annual review completed. Background updated with no impact to criteria. Added [thrust tests may not be recommended in pregnant members/enrollees or those with connective tissue disorders] to I.A.1.c. for clarity. Updated time requirements in I.A.1.d.i. and iii. to reflect 4 weeks. Minor rewording with no clinical significance. Background updated. ICD-10 Diagnosis Code table removed. References reviewed and updated. Internal specialist reviewed.	09/2023	10/31/2023
Annual review. References reviewed and updated. Reviewed by external specialist.	07/2024	09/2024
Annual review. Description and background updated with no clinical significance. Added note regarding criteria applicable to Medicare plans. Updated I. to specify that imaging guidance must be fluoroscopic or computed tomography. Added “posterior pelvic pain provocation test” to I.A.1.c. for clarity. Coding reviewed. References reviewed and updated.	07/2025	

## References

1. 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.* 2013;22(10):2310 to 2317. doi:10.1007/s00586-013-2833-2
2. van Tilburg CW, Schuurmans FA, Stronks DL, Groeneweg JG, Huygen FJ. Randomized Sham-controlled Double-Blind Multicenter Clinical Trial to Ascertain the Effect of

## CLINICAL POLICY

### Sacroiliac Joint Interventions

Percutaneous Radiofrequency Treatment for Sacroiliac Joint Pain: Three-month Results. *Clin J Pain*. 2016;32(11):921 to 926. doi:10.1097/AJP.0000000000000351

3. 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 [published correction appears in *JAMA*. 2017 Sep 26;318(12):1188]. *JAMA*. 2017;318(1):68 to 81. doi:10.1001/jama.2017.7918
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*. 2013;16(2 Suppl):S49 to S283.
5. Health Technology Assessment. Conventional radiofrequency ablation for sacroiliac joint denervation for chronic low back pain. Hayes. [www.hayesinc.com](http://www.hayesinc.com). Published August 21, 2012. Updated December 6, 2022. Accessed June 18, 2025.
6. MacVicar J, Kreiner DS, Duszynski B, Kennedy DJ. Appropriate Use Criteria for Fluoroscopically Guided Diagnostic and Therapeutic Sacroiliac Interventions: Results from the Spine Intervention Society Convened Multispecialty Collaborative. *Pain Med*. 2017;18(11):2081 to 2095. doi:10.1093/pain/pnx253
7. Chou R, Hashimoto R, Friedly J, et al. *Pain Management Injection Therapies for Low Back Pain*. Rockville (MD): Agency for Healthcare Research and Quality (US); 2015.
8. Chou R. Subacute and chronic low back pain: nonsurgical interventional treatment. UpToDate. [www.uptodate.com](http://www.uptodate.com). Updated April 29, 2025. Accessed June 18, 2025.
9. Chou R, Qaseem A, Snow V, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society [published correction appears in *Ann Intern Med*. 2008 Feb 5;148(3):247-8]. *Ann Intern Med*. 2007;147(7):47 to 491. doi:10.7326/0003-4819-147-7-200710020-00006
10. Chou R, Qaseem A, Owens DK, Shekelle P; Clinical Guidelines Committee of the American College of Physicians. Diagnostic imaging for low back pain: advice for high-value health care from the American College of Physicians [published correction appears in *Ann Intern Med*. 2012 Jan 3;156(1 Pt 1):71]. *Ann Intern Med*. 2011;154(3):181 to 189. doi:10.7326/0003-4819-154-3-201102010-00008
11. 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)*. 2009;34(10):1066 to 1077. doi:10.1097/BRS.0b013e3181a1390d
12. Heggeness MH. AAOS endorses back pain guidelines. *AAOS Now*. <https://www.maine/general.org/app/files/public/6460f387-09dc-4968-b162-eee6121a1497/aaosbackpainguidelines.pdf>. Published September 2010. Accessed June 18, 2025.
13. Laslett M. Evidence-based diagnosis and treatment of the painful sacroiliac joint. *J Man Manip Ther*. 2008;16(3):142 to 152. doi:10.1179/jmt.2008.16.3.142
14. Maas ET, Ostelo RW, Niemisto L, et al. Radiofrequency denervation for chronic low back pain. *Cochrane Database Syst Rev*. 2015;(10):CD008572. Published 2015 Oct 23. doi:10.1002/14651858.CD008572.pub2.
15. 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*. 2010;13(3):E141 to E174.

## CLINICAL POLICY

### Sacroiliac Joint Interventions

16. 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*. 2010;13(4):E215 to E264.
17. Simopoulos TT, Manchikanti L, Gupta S, et al. Systematic Review of the Diagnostic Accuracy and Therapeutic Effectiveness of Sacroiliac Joint Interventions. *Pain Physician*. 2015;18(5):E713 to E756.
18. Soloman M, Mekhail MN, Mekhail N. Radiofrequency treatment in chronic pain. *Expert Rev Neurother*. 2010;10(3):469 to 474. doi:10.1586/ern.09.153
19. Staal JB, de Bie R, de Vet HC, Hildebrandt J, Nelemans P. Injection therapy for subacute and chronic low-back pain. *Cochrane Database Syst Rev*. 2008;2008(3):CD001824. Published 2008 Jul 16. doi:10.1002/14651858.CD001824.pub3
20. Qaseem A, Wilt TJ, McLean RM, et al. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med*. 2017;166(7):514 to 530. doi:10.7326/M16-2367
21. Chen CH, Weng PW, Wu LC, Chiang YF, Chiang CJ. Radiofrequency neurotomy in chronic lumbar and sacroiliac joint pain: A meta-analysis. *Medicine (Baltimore)*. 2019;98(26):e16230. doi:10.1097/MD.00000000000016230
22. North American Spine Society. Evidence-based clinical guidelines for multidisciplinary spine care: diagnosis and treatment of low back pain. <https://www.spine.org/Portals/0/assets/downloads/ResearchClinicalCare/Guidelines/LowBackPain.pdf>. Published 2020. Accessed June 18, 2025.
23. Janapala RN, Manchikanti L, Sanapati MR, et al. Efficacy of radiofrequency neurotomy in chronic low back pain: a systematic review and meta-analysis. *J Pain Res*. 2021;14:2859 to 2891. Published 2021 Sep 10. doi:10.2147/JPR.S323362
24. Ho KY, Hadi MA, Pasutharnchat K, Tan KH. Cooled radiofrequency denervation for treatment of sacroiliac joint pain: two-year results from 20 cases. *J Pain Res*. 2013;6:505 to 511. Published 2013 Jul 4. doi:10.2147/JPR.S46827
25. 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. doi: 10.23970/AHRQEPCCER247
26. Local Coverage Determination: sacroiliac joint injections and procedures (L39383). Centers for Medicare and Medicaid Services Web site. <https://www.cms.gov/medicare-coverage-database/search.aspx>. Published March 19, 2023. Updated March 27, 2025. Accessed June 26, 2025.
27. North American Spine Society. Coverage policy recommendations: sacroiliac joint injections and radiofrequency ablation. <https://www.spine.org/Coverage>. Published October 2020. Accessed June 26, 2025.
28. Kishner S, Faciane JL. Sacroiliac joint injection periprocedural care. Medscape. <https://emedicine.medscape.com/article/103399-periprocedure>. Updated September 30, 2024. Accessed June 18, 2025.
29. Wu L, Tafti D, Varacallo MA. Sacroiliac Joint Injection. In: *StatPearls*. Treasure Island (FL): StatPearls Publishing; August 4, 2023.