

# MEDICAL POLICY STATEMENT

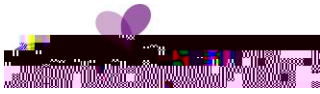
## Marketplace

Policy Name & Number	Date Effective
Sacroiliac Joint Procedures-MP-MM-1314	05/01/2024
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction

the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

This policy is not intended to constitute an offer of insurance or any other financial product. For more information, please contact your agent or broker.



A. Subject  
**Sacroiliac Joint Procedures**

B. Background

Nearly 84% of adults experience back pain during their lifetime. Long-term outcomes are largely favorable for most patients, but a small percentage of patients' symptoms are persistent. Persistent pain is categorized as subacute when lasting between four and twelve weeks, and chronic when persisting for at least three months.

Up to 10% to 25% of patients with persistent low back pain may have a component of pain related to sacroiliac joints (SIJ). Comprehensive pain management care plans are most effective in managing a patient's chronic pain. These plans focus on a person-centered approach and incorporate conservative treatment with other modalities. These multidisciplinary treatments include promoting patient self-management and aim to reduce the impact o



- **Inactive Conservative Therapies** – Passive activities by the patient that aid in treating symptoms associated with pain, including rest, ice, heat, medical devices, TENS use, and/or pharmacotherapy (prescription or over the counter [non-steroidal anti-inflammatory drugs, acetaminophen]).
  - **Transcutaneous Electrical Nerve Stimulator (TENS)** – A device that utilizes electrical current delivered through electrodes placed on the surface of the skin to decrease the patient’s perception of pain by inhibiting the transmission of afferent pain nerve impulses and/or stimulating the release of endorphins. Its use, frequency, duration, and start dates must be documented in the medical record to be considered part of conservative therapy during the period of prior authorization request.
- **Radiofrequency Ablation (RFA)** – Minimally invasive treatment modality that percutaneously introduces an electrode under fluoroscopic guidance to thermocoagulate medial branches of the dorsal spinal nerves.
- **Sacroiliac Joint (SIJ) Injections** – Corticosteroid and local anesthetic therapeutic injections into the SIJ to treat pain that has not responded to conservative therapies.

#### D. Policy

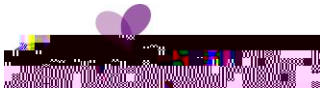
##### I. Sacroiliac Joint Injections

- A. Diagnostic injections: CareSource considers up to 2 diagnostic sacroiliac joint injections for the treatment of chronic low back pain medically necessary when **ALL** the following criteria are met:
  1. somatic or nonradicular low back and/or lower extremity pain experienced for at least 3 months
  2. pain and tenderness located in the sacroiliac joint region
  3. positive response to at least one SIJ pain provocation test (eg, distraction, compression, thigh thrust, Gaenslen’s, Patrick’s test/FABER test, sacral thrust)
  4. failure of conservative therapy, as evidenced by **ALL** the following:
    - a. documentation in the medical record of at least 6 weeks of active conservative therapy (as defined above) within the past 6 months OR inability to complete active conservative therapy due to contraindication, increased pain, or intolerance
    - b. documentation in the medical record of at least 6 weeks of inactive conservative therapy (as defined above) within the past 6 months
  5. if a second diagnostic injection is requested, at least 1 week has passed since the initial injection

##### B.

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

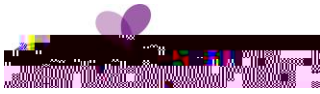
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### III. Implantable Spinal Cord Stimulators

Members with indwelling implanted spinal cord stimulators or pain pumps should

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