

## Clinical Policy: Sacroiliac Joint Interventions for Pain Management

Reference Number: WA.CP.MP.166

Date of Last Review: 09/25

Effective Date: 11/01/25

[Coding Implications](#)

[Revision Log](#)

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### 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.

NOTE: SIJ injections are managed by Evolent. See their policy ECG\_1756 – Sacroiliac Joint Injections for criteria.

### Policy/Criteria

- I. It is the policy of Coordinated Care of Washington, Inc., and Coordinated Care Corporation, that *sacroiliac nerve blocks* are considered **not medically necessary** because effectiveness has not been established.
- II. It is the policy of Coordinated Care of Washington, Inc., and Coordinated Care Corporation, 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.

### Background

#### *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 RFA 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 radiofrequency ablation (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 and colleagues noted that radiofrequency denervation of the sacroiliac joint (SIJ) has been inconsistent because the variable sensory supply to the SIJ is difficult to disrupt completely using conventional 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

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### CPT code that does not support coverage criteria

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

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed for services not managed by Evolent.	09/24	09/24
Annual review. Updated logo. Updated Evolent policy number. Added Coordinated Care of Washington to I. and II, though services are not covered.	08/25	09/25

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### **Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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## CLINICAL POLICY

### Sacroiliac Joint Interventions for Pain Management



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