



Clinical Medical Policy Spinal Facet Joint Injections and Sacroiliac Joint Injections

Benefit Coverage:

This clinical medical policy addresses coverage of steroid injections into the spinal facet intra-articular joints or sacroiliac intra-articular joint for the treatment of spinal pain.

Description:

Facet joint steroid injections are indicated for treatment of pain originating from inflammation of the facet joints. Sacroiliac (SI) joint injections are indicated for treatment of pain originating from inflammation of the sacroiliac joint. They are done under fluoroscopic guidance.

Neighborhood's expectation is that sacroiliac joint injections are to be part of a comprehensive pain management strategy, which may include but is not limited to physical/occupational therapy, weight loss, smoking cessation, etc.

When patient only meets criteria for pharmacologic management of pain, care is expected to be transitioned back to the patient's primary care provider.

Activities of Daily Living (ADLs) are defined as activities related to personal care and include bathing or showering, dressing, getting in or out of bed or a chair, using the toilet, and eating. Age appropriateness of these activities is considered when determining medical necessity.

Coverage Determination:

All facet joint and sacroiliac joint injections require prior authorization.
Retroactive requests for procedures already performed may not be covered.

All requests are to be submitted on Neighborhood's *Pain Management Prior Authorization Patient Information Form*, available on Neighborhood's website, www.nhpri.org

Requests with incomplete information will be returned for completion prior to review.

Prior authorization is required for all evaluation and treatment, including follow-up visits after treatment.

1. Neighborhood Health Plan of Rhode Island allows facet steroid injections as follows:
 - No more than two facet levels may be treated per visit.
 - Minimum of three weeks between treatments.
 - Additional authorization is required if patient requires additional injections after six months of treatment.
 - Up to three facet injections are allowed for the same site and level in a six-month period
 - A maximum of six facet injections (per site)/12 month period is allowed.
 - Up to three sacroiliac injections are allowed per six month period



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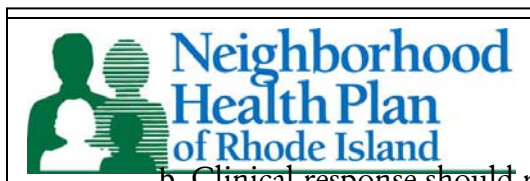
- A maximum of six sacroiliac injections per twelve months is allowed.

2. History and clinical exam including appropriate provocative diagnostic test must be submitted for each spinal level to be treated. These include: Patrick's test for sacroiliac joints, lumbar extension or facet loading test for facet joint, and tenderness over cervical facet joints for cervical facet injections.
3. Requests for retreatment of a site > than six months from the initial injection date require documentation of an overall pain management strategy including: smoking cessation, weight loss, counseling or physical therapy.
4. Reinjection of the same locations require a minimum of 3 weeks between injections to provide adequate time for maximum effectiveness from the prior injection.
5. AMD review is required for any of the following circumstances:
 - a. Treatment of more than 2 vertebral levels per visit. (Bilateral treatment is allowed.)
 - b. More than 3 injections to the same anatomical site in 6 months, or more than 6 injections to the same anatomical site in 12 months.
 - c. Sedation or anesthesia for the procedure beyond use of local anesthetic agent is planned.
 - d. Injections to other anatomical sites other than facet or SI are scheduled during the same visit.
 - e. Request is for retreatment of a site less than 3 weeks from the initial injection.
 - f. No comprehensive pain management treatment plan is documented
 - g. Visits are for pharmacological management only and barriers exist to transferring to member's PCP.

Criteria:

Documentation of all of the following is required for authorization of procedure:

1. History and physical exam must be consistent with pain originating from inflammation of the facet joint or sacroiliac joint and documentation of functional impairment secondary to pain is provided. Functional impairment may include: performance of ADL's, ability to work, drive, sleep, interact socially, or excessive reliance on pain medications.
2. Clinician has documented a comprehensive pain management strategy (smoking cessation, weight loss, physical therapy, or counseling.)
3. For additional injections after initial six months of treatment, the following additional documentation is required:
 - a. Physician must document date, clinical response, and duration of response from initial treatment.



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b. Clinical response should reflect measurable functional improvement from initial

presentation in activities such as:

- returning to work
- sleeping
- performing ADL's
- increased social activities, and/or
- decreased need for pain medication.

c. History and physical exam criteria for initial series must be met

Covered Procedures:

Exclusions:

1. Facet and sacroiliac steroid injections will not be covered under the following circumstances:
2. The physical exam and history do not reflect presence of pain originating from the facet or sacroiliac joints.
3. The patient has exceeded the maximum allowable number of injections.
4. Retreatment is being requested, and clinician has not documented outcome of prior treatments (quality and duration of improvement), or clinician has not documented implementation of other pain management strategies.

CMP Number: CMP-044.00

CMP Cross Reference: .

References:

National Guideline Clearinghouse. www.guideline.gov. "Interventional techniques: evidence-based practice guidelines in the management of chronic spinal pain.

Image-guided lumbar facet joint infiltration in nonradicular low back pain. Indian J Radiology Imaging/Feb 2009Vol 19/Issue 1

A Systematic Review of Therapeutic Facet Joint Interventions in Chronic spinal Pain. Pain Physician 2007; 10:229-253

Systematic Review of Diagnostic Utility and Therapeutic Effectiveness of Thoracic Facet Joint Interventions. Pain Physician 2008; 11:5:611-629

Systematic Review of Diagnostic Utility and Therapeutic Effectiveness of Cervical Facet Joint Interventions. Pain Physician 2009; 12:323-344

Department of Health and Human Services, Office of Inspector General. "Medicare Payments for Facet Joint Injection Services." Sept. 2008.



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