# An Algorithmic Approach to Sacroiliac Joint Injections

## Documentation
- The assessment as it relates to the complaint for that visit
- Relevant medical history and physical examination
- Results of pertinent tests/procedures
- Signed and dated office visit record/operative report
- Documentation to support medical necessity of procedure(s)

## Criteria for Diagnostic Blocks (5 Components)
- Moderate to severe axial low back pain over anatomic location of the SI joints below L5
- 3 months duration of pain
- At least 3 positive findings with provocative maneuvers:
  - FABER
  - Gaenslen
  - Thigh Thrust
  - Posterior Shear
  - SI Compression
  - SI Distraction
  - Yeoman Tests
- Inadequate response to conservative methods at least for 4 weeks (chiropractic, physical therapy, structured exercise program, NSAIDs, and other drugs) with duration and effects
- No untreated radiculopathy (current imaging)

## First Block
- First diagnostic block is performed with lidocaine 1% or 2%, 1.5 mL, producing ≥ 80% pain relief with movements (policy says 75%, to make it easier to remember with facet joint interventions, 80% may make some sense, but 75% is fine)

## Second Block
- The second block, if the first block was positive, is performed with 0.25% or 0.5% bupivacaine, 1.5 mL, producing ≥ 80% pain relief with movements (policy says 75%, to make it easier to remember with facet joint interventions, 80% may make some sense, but 75% is fine)

## Therapeutic SJ Injections
- Therapeutic sacroiliac joint injections (2 mL) per joint, including steroids, with proper indications should provide 3 months of ≥ 50% relief
- Indications documented

## Limitations
- No more one level bilateral or unilateral are billed
- Only mild sedation of joint injections and nerve blocks; moderate sedation or MAC allowed for RF
- CT or fluoro – save images
- No multiple procedures on same date of service

## Letter
- Letter to family physician if treatment is provided beyond 12 months, similar to epidural injections