THRESHOLD POLICY T45
SACROILIAC JOINT INJECTION FOR THE DIAGNOSIS OF
PERSISTENT (CHRONIC) BACK PAIN

Policy author: Ipswich and East Suffolk CCG & West Suffolk CCG, with support from Public Health Suffolk

Policy start date: April 2015

Subsequent reviews: April 2017

Next review date: August 2020

1. Eligibility Criteria

2.1 Patients with back pain secondary to spinal metastases are exempt from this policy, as it is felt that their clinical condition requires more prompt intervention.

2.3 This policy does not apply to patients whom a specialist MDT feel have significant co-morbidities that would inhibit their ability to comply with rehabilitation and biopsychosocial pain management (locally agreed)

2.3 Ipswich & East and West Suffolk CCGs will fund controlled SI joint injections for the diagnosis of SI joint pain when all the following criteria are met:

1. The patient is part of a comprehensive pain management programme and all conservative management options (physiotherapy treatments and guided exercise programmes, pharmacotherapy including analgesia and muscle relaxants) have been tried and failed.

AND

2. The patient is suffering with non-radiculor low back pain, with duration of pain of at least 3 months.

AND

3. A MDT or a pain specialist or MSK Physician/GPwSI (with back pain assessment, diagnostic and treatment skills) has assessed the patient and is of the opinion that the SI joint is the most likely cause of pain.

AND

4. The pain has resulted in documented moderate to significant impact on daily functioning (a loss of physical function of 50% or greater)

AND
5. No evidence of contraindications is present for the needle placement and injection of local anesthetic.

2.4 Children aged under 18 years may have diagnostic injections if deemed appropriate by an MDT assessment including both pain specialists, pediatricians and or spinal specialists. The patient must also meet the relevant criteria above (locally agreed)

Repeat injections
1. Patients may receive up to 2 diagnostic SI joint injections. The second injection may only be given if the first elicits an indeterminate response (as assessed by the treating pain specialist), and the patient is still being considered for further interventional treatment.
2. A positive diagnosis is considered to be greater than 60% reduction in symptoms for at least 8 weeks (locally agreed)
3. Patients with a positive diagnosis may be considered for denervation treatment in line with threshold policy T44.

2. Background to the Condition

2.1 Sacroiliac (SI) joints are a common source of chronic low back and/or buttock pain. Achieving a clinical or radiologic diagnosis of the SI joint as the source of pain is difficult. SI joint injections are commonly used as a diagnostic procedure to help establish the origin of pain. SI joint injections, carried out under radiologic guidance, have an acceptable profile of adverse effects. Repeat confirmatory blocks may improve accuracy for patients with indeterminate responses to the initiation injection. Taken together, the evidence for diagnostic accuracy of SI joint injections is good. Sacroiliac joint injections are not commissioned for therapeutic purposes.

3. References