

# **Interim Coverage Policy for Sacroiliac Joint Fusion June 2018**

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## I. Introduction

Sacroiliac (SI) joint fusion, or arthrodesis, has been increasingly used in recent years for some forms of low back pain. While there are a number of reasons why pain could originate from the (SI) joint, the following criteria has been adopted by Labor and Industries as an interim coverage policy for consideration of SI Joint Fusion. Our statutory [Industrial Insurance Medical Advisory Committee](#) is anticipated to convene in early 2019 to conduct an evidence-based review of this and other spine surgery procedures.

Sacroiliac joint fusion is accomplished through fusing the iliac bone to the sacrum with hardware for stabilization. Prior to SI joint fusion surgery, conservative care measures should be utilized as the first line of treatment. Such treatments could include activity modification, NSAIDs, physical therapy, and injections. If conservative measures fail to provide adequate relief in patients with chronic SI joint pain after at least six months, then surgery may be considered.

## II. Review Criteria for Sacroiliac Fusion

A request may be appropriate for the following	If the patient has the following	AND the diagnosis is supported by these clinical findings:			AND this has been done
Surgical Procedure	Diagnosis	Subjective	Objective	Imaging	Non-operative care
<p>Sacroiliac Joint Fusion</p> <p><b>Note:</b> A stepped approach to surgery and recovery <b>must be in place prior to surgical approval</b>, and <i>must include all of the following components:</i></p> <ol style="list-style-type: none"> <li>1. Post-surgical activation/reconditioning plan documented in the claim file by the surgeon.</li> <li>2. Return to work/vocational rehabilitation plan documented by AP after review of surgeon's activation plan.</li> <li>3. Worker agreement to surgeon and AP plans.</li> </ol>	<p>A single, documented inciting work related event that creates a force sufficient to cause SI joint disruption or instability</p>	<p>Pain referable to a SI joint</p>	<p>At least 3 physical provocation tests are positive for pain. Tests may include any of the following:</p> <ul style="list-style-type: none"> <li>• Gaenselen's maneuver</li> <li>• Compression test</li> <li>• FABER(flexion abduction external rotation)</li> <li>• Thigh thrust</li> <li>• Distraction</li> <li>• Fortin finger test</li> </ul>	<p>Diastasis of the pubis symphysis of at least 2.5 cm</p> <p style="text-align: center;"><b>OR</b></p> <p>Asymmetric widening of the injured SI joint</p>	<p>Failure of six or more months of conservative care directed at successfully treating SI joint ligamentous instability</p>

### III. References

1. Darr, E., et al., *Long-term prospective outcomes after minimally invasive trans-iliac sacroiliac joint fusion using triangular titanium implants*. Medical Devices (Auckland, NZ), 2018. **11**: p. 113.
2. Duhon, B.S., et al., *Triangular titanium implants for minimally invasive sacroiliac joint fusion: 2-year follow-up from a prospective multicenter trial*. International journal of spine surgery, 2016. **10**.
3. Gaetani, P., et al., *Percutaneous arthrodesis of sacro-iliac joint: a pilot study*. Journal of neurosurgical sciences, 2013. **57**(4): p. 297-301.
4. Lorio, M.P., *ISASS Policy 2016 Update – Minimally Invasive Sacroiliac Joint Fusion*. International Journal of Spine Surgery, 2016. **10**: p. 26.
5. Lorio, M.P. and R. Rashbaum, *ISASS Policy Statement–Minimally Invasive Sacroiliac Joint Fusion*. International journal of spine surgery, 2014. **8**.
6. McGuire, R.A., Z. Chen, and K. Donahoe, *Dual fibular allograft dowel technique for sacroiliac joint arthrodesis*. Evidence-based spine-care journal, 2012. **3**(3): p. 21.
7. Polly, D.W., et al., *Randomized Controlled Trial of Minimally Invasive Sacroiliac Joint Fusion Using Triangular Titanium Implants vs Nonsurgical Management for Sacroiliac Joint Dysfunction: 12-month Outcomes*. Neurosurgery, 2015. **77**(5): p. 674-90.
8. Rudolf, L., *Sacroiliac joint arthrodesis-MIS technique with titanium implants: report of the first 50 patients and outcomes*. The open orthopaedics journal, 2012. **6**: p. 495.
9. Rudolf, L., *MIS Fusion of the SI Joint: Does Prior Lumbar Spinal Fusion Affect Patient Outcomes?* The Open Orthopaedics Journal, 2013. **7**: p. 163-168.
10. Sachs, D. and R. Capobianco, *Minimally invasive sacroiliac joint fusion: one-year outcomes in 40 patients*. Advances in orthopedics, 2013. **2013**.
11. Sturesson, B., et al., *Six-month outcomes from a randomized controlled trial of minimally invasive SI joint fusion with triangular titanium implants vs conservative management*. European Spine Journal, 2017. **26**(3): p. 708-719.
12. Szadek, K.M., et al., *Diagnostic validity of criteria for sacroiliac joint pain: a systematic review*. The Journal of pain, 2009. **10**(4): p. 354-368.
13. Vanaclocha, V., et al., *Minimally invasive sacroiliac joint fusion, radiofrequency denervation, and conservative management for sacroiliac joint pain: 6-year comparative case series*. Neurosurgery, 2017. **82**(1): p. 48-55.