# Interim Coverage Policy for Sacroiliac Joint Fusion

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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

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| Sacroiliac Joint Fusion     | A single, documented inciting work related event that creates a force sufficient to cause SI joint disruption or instability | Pain referable to a SI joint        | At least 3 physical provocation tests are positive for pain. Tests may include any of the following:  
- Gaenselen’s maneuver  
- Compression test  
- FABER (flexion abduction external rotation)  
- Thigh thrust  
- Distraction  
- Fortin finger test | Diastasis of the pubis symphysis of at least 2.5 cm  
OR  
Asymmetric widening of the injured SI joint | Failure of six or more months of conservative care directed at successfully treating SI joint ligamentous instability |

**Note:** A stepped approach to surgery and recovery **must be in place prior to surgical approval**, and **must include all of the following components:**

1. Post-surgical activation/reconditioning plan documented in the claim file by the surgeon.
2. Return to work/vocational rehabilitation plan documented by AP after review of surgeon’s activation plan.
3. Worker agreement to surgeon and AP plans.
III. References