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INLAND EMPIRE HEALTH PLAN

IEHP UM Subcommittee Approved Authorization Guidelines
Sacroiliac Joint Fusion

Policy:

IEHP considers Sacroiliac Joint Fusion (SIJF) medically necessary, and therefore covered by the health plan, when ALL of the following criteria are met:

A complete history and physical examination have been done which documents the likely existence of sacroiliac joint pain AND ALL of the following:

- Significant sacroiliac pain (rated at least 5/10 on the 1-10 numeric rating scale, where 0 represents no pain and 10 represents worst imaginable pain) OR significant limitations in activities of daily living (ADL).
- Sacroiliac joint pain is confirmed with at least three physical examination maneuvers that stress the sacroiliac joint and cause the patient's typical pain (e.g., thigh thrust test, compression test, Gaenslen's test, distraction test, Patrick's sign, posterior provocation test).
- Performance of a diagnostic, fluoroscopically guided intra-articular sacroiliac joint block using local anesthetic on the affected side (or both sides) which shows at least a 75% acute reduction in pain (pain reduction is typically achieved within 4 hours of the injection).
- Failure of the sacroiliac joint pain to respond* to at least six months of non-surgical treatment consisting of the use of non-steroidal anti-inflammatory drugs and/or opioids (unless contraindicated) AND one of the following:
 - An adequate period of rest lasting no less than 6 weeks.
 - An adequate course of physical therapy lasting at least 6 weeks wherein the physical therapist specifically documents a lack of response to treatment.
 - Therapeutic sacroiliac steroid injections into the affected joint with inadequate response or a return to pain in the weeks or months following the injections.
 - Radiofrequency ablation of the affected sacroiliac joint with either inadequate response or a return of pain in the weeks or months following the procedure.

* **Defined as continued pain that interferes with ADL and/or results in functional disability.**

- All other diagnoses that could be causing the recipient's pain have been ruled out such as infection, tumor, fracture, or autoimmune disease. Appropriate diagnostic studies should have been done to rule out these conditions such as blood tests, x-rays, MRI, and/or EMG/NCS.

10801 Sixth St, Rancho Cucamonga, CA 91730
Tel (909) 890-2000 Fax (909) 890-2003
Visit our web site at: www.iehp.org

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- A qualified surgeon has opined that sacroiliac joint fusion is the only remaining treatment option that will provide the patient long term relief.

* This guideline is based on criteria set forth by Medi-Cal¹, Medicare², and the IASS⁷.

ECRI Institute³

According to an ECRI Institute search of PubMed, the Cochrane Library, and other medical databases through January 14, 2013, there was a total of one nonrandomized study and seven case series which examined the effects of SI joint fusion on long-term (at least 2 years post-surgery) pain relief.

In a 2012 nonrandomized study by Kibsgard, 50 patients with severe pelvic girdle pain underwent sacroiliac joint fusion and 28 did not. At a mean of 23 years after surgery, no outcomes were different between the patients receiving surgery and those not receiving surgery. However, several smaller case studies between 2008 and 2012 have reported decreased pain and improved function in patients receiving sacroiliac joint fusion. These studies, ranging from 9 to 50 participants, and focusing primarily on minimally invasive sacroiliac joint fusion, reported significant decreases in pain scores, improvements in activities of daily living, and no evidence of degenerative changes 2-3 years post-operatively.

CIGNA AND HEALTH NET^{4,5}

Cigna and Health Net cover sacroiliac joint fusion as medically necessary for the following conditions: post-traumatic injury of the SI joint (e.g., after pelvic ring fracture); as an adjunctive treatment for sacroiliac joint infection or sepsis; management of a sacral tumor (e.g., partial sacrectomy); and when performed as part of multisegmental long fusions for the correction of spinal deformity (e.g., idiopathic scoliosis, neuromuscular scoliosis)

Cigna and Health Net do not cover sacroiliac joint fusion for ANY other indication, including the following, because it is considered experimental, investigational or unproven: mechanical low back pain, sacroiliac joint syndrome, degenerative sacroiliac joint, or radicular pain syndromes.

AETNA⁶

Aetna considers sacroiliac joint fusion to be experimental and investigational.

IASS GUIDELINES (The International Society for the Advancement of Spine Surgery)⁷

Patients who have all of the following criteria may be eligible for minimally invasive SI joint fusion:

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- Significant SI joint pain (e.g., pain rating at least 5 on the 0-10 numeric rating scale where 0 represents no pain and 10 represents worst imaginable pain) or significant limitations in activities of daily living because of pain from the SI joint(s).
- SI joint pain confirmed with typical pain reproduction on at least 3 positive physical provocative examination maneuvers that stress the SI joint.²²
- Confirmation of the SI joint as a pain generator with $\geq 75\%$ acute decrease in pain immediately following fluoroscopically guided diagnostic intra-articular SI joint block using local anesthetic.^{24,25} This improvement is specifically accomplished in the immediate post-injection period when the anesthetic agent is active (i.e., 4 hours dependent on the agent, dose level, and concentration).
- Failure to respond to at least 6 months of non-surgical treatment consisting of non-steroidal anti-inflammatory drugs and/or opioids (if not contraindicated) and one or more of the following: rest, physical therapy, SI joint steroid injection or rhizotomy. Failure to respond means continued pain that interferes with activities of daily living and/or results in functional disability.
- Additional or alternative diagnoses that could be responsible for the patient's ongoing pain or disability have been clearly considered, investigated and ruled out.

Background:

Low back pain (LBP) has numerous possible causes including degenerative changes in the intervertebral discs, production of inflammatory mediators, local trauma, muscle strain, irregularities in spinal blood flow, impingement or compression of neural structures, and narrowing of the spinal canal (stenosis). Often, clinicians cannot identify a specific cause of pain in patients presenting with LBP.

In some patients, the underlying cause of chronic LBP is injury of the sacroiliac joint. For these patients, the initial standard of care will consist of conservative treatment with non-surgical treatment modalities (i.e., medications, physical therapy, rest, and steroid injections). However, in a subset of these patients, the pain does not improve which leads to decreased function and a lower quality of life. One proposed treatment for these patients is sacroiliac joint fusion. In this procedure, instrumentation (e.g., screws) and/or infused bone graft are intended to fixate the joint, which, in turn, is intended to minimize motion and reduce pain. This surgery can be performed using either a traditional open approach versus a more modern minimally invasive technique.

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