

Letter of Medical Necessity for Sacroiliac Joint Fusion with Transfixation Instrumentation

Patient Name:

Date of Birth:

Insurance Information:

Name of Treating Physician:

Date of Request:

I am writing this letter on behalf of my patient, (*Patient Name*), to document the medical necessity for sacroiliac joint fusion as indicated by the patient's diagnosis.

Diagnosis and ICD-10: (*Sacroiliitis, sprain of the sacroiliac joint, dislocation of the sacroiliac and sacrococcygeal joint, sacroiliac fracture, pelvic ring posterior disruption*).

Request: Authorization for CPT code 27279 for percutaneous lateral-oblique sacroiliac joint fusion with a transfixing device.

Summary of Patient's History:

- Date of recent evaluation:
- Brief description of patient's current medical condition:
- Patient's previous and current treatment/therapies:
- Patient's response to those treatments/therapies:

Sacroiliac joint pain is a common source of pain and can mimic lumbar discogenic or radicular pain. Patients typically present with chronic low back, groin, buttock, and sciatica. Due to the similarities in presentations, symptomatic sacroiliac joints are typically underdiagnosed since physicians focus their investigations and treatment towards the lumbar spine.

Decrease Pain and Improve Quality of Life

Minimally invasive sacroiliac joint fusion is a safe and effective treatment option. Treating the symptomatic sacroiliac joint has the ability to decrease pain and improve a patient's quality of life. Therefore, physicians should be encouraged to consider the sacroiliac joint as part of their diagnostic strategy versus only concentrating on the lumbar spine.

Cost Saving

With respect to the cost, treating the sacroiliac joint will likely be cost saving in the short term when compared to lumbar fusion [1]. It has been documented in the literature that sacroiliac joint pain can account for 22% of patients with low back pain and 43% of patients who have undergone prior lumbar fusion [2].

Differential Diagnosis

Common causes of sacroiliac joint dysfunction include degenerative arthritis, sacral fractures, posttraumatic arthritis, post-partum instability and previous lumbar fusion, especially at L5-S1 [2]. "SIJ degeneration develops more often in patients undergoing lumbosacral fusion regardless of the number of the fusion segments [3]"

Medical Necessity/Inclusion Criteria

The option for minimal invasive sacroiliac joint fusion using a transfixation device is a medically necessary



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treatment for those patients who meet the **ALL** below selection criteria.

- Pain rating at least 5 out of 10 that impacts quality of life or limits activities of daily living,
- Absence of generalized pain behavior or pain disorders,
- Failed at least 6 months of non-operative treatment including medication, activity modification, therapy,
- Localized pain over the posterior SI joint consistent with SI joint pain,
- Thorough physical examination demonstrating localized tenderness over the sacral sulcus (Fortin's point)
- At least 3 positive provocative tests (thigh thrust test, compression test, Gaenslen sign, distraction test, Patrick test, posterior provocation test),
- Diagnostic imaging studies
 - I. X-ray and CT/MRI of the SI Joint excluding destruction lesions (tumors, infection) or inflammatory arthropathy of SI joint (ankylosing spondylitis, psoriatic arthritis, rheumatoid arthritis),
 - II. X-ray (AP) ruling out hip pathology,
 - III. CT/MRI of the lumbar spine to rule out neural compression or other degenerative conditions,
 - IV. Imaging of the SI joint with evidence of injury and/or degeneration
- At least 75% pain reduction post image guided, contrast-enhanced intra-articular sacroiliac joint injection on two separate occasions,
- Trial of therapeutic sacroiliac joint steroid injection performed at least once.

The **Sacrix SacroFuse™** Sacroiliac Joint Fusion Device System (www.MySacrix.com) is intended for fusion of the sacroiliac joint for conditions including sacroiliac joint disruptions and degenerative sacroiliitis. **Sacrix** has been shown to be an effective treatment in treating patient with SIJ dysfunction [4]. **Sacrix** uses a percutaneous lateral-oblique approach to transfix the sacroiliac joint and avoids injury to the gluteal muscles, vessels and nerves.

Rational for Treatment and References:

The patient failed various forms of non-surgical treatment options including oral analgesia, NSAIDS, structured physical therapy program and pain management injections, such as epidurals, and has met the inclusive criteria as described above. Considering the patient's medical history and current medical condition, it is my professional opinion that treatment with sacroiliac joint fusion using **Sacrix percutaneous lateral-oblique Sacroiliac Joint transfixation device** at this time is warranted, appropriate and medical necessary for this patient.

References

1. Polly, D.W. and D. Cher, *Ignoring the sacroiliac joint in chronic low back pain is costly*. Clinicoecon Outcomes Res, 2016. **8**: p. 23-31.
2. Cross, W.W., et al., *Percutaneous Sacroiliac Joint Fusion: Indications and Technique*. Operative Techniques in Orthopaedics, 2017. **27**(4): p. 236-241.
3. Ha, K.Y., J.S. Lee, and K.W. Kim, *Degeneration of sacroiliac joint after instrumented lumbar or lumbosacral fusion: a prospective cohort study over five-year follow-up*. Spine (Phila Pa 1976), 2008. **33**(11): p. 1192-8.
4. Chin, K.R., et al., *CT Scan and Clinical Outcomes of Novel Lateral-Oblique Percutaneous Sacroiliac Joint (SIJ) Fixation: Technique and Literature Review*. Cureus, 2021. **13**(7): p. e16408.