**DATE:**

**PATIENT NAME:**

**DATE OF BIRTH:**

**INSURANCE PLAN:**

To whom it may concern,

I am writing this appeal letter on behalf of my patient, **PATIENT NAME**. **HE/SHE** suffers from chronic low back pain resulting from sacroiliac joint dysfunction.

Published medical literature has demonstrated that painful sacroiliac dysfunction accounts for 15-30% of all patients who suffer from chronic low back pain (1). Furthermore, published medical literature has documented that up to 75% of patients who have undergone lumbar/ lumbosacral fusion procedures develop sacroiliac joint dysfunction within 5 years(2).

My request for prior authorization has been denied by your **Insurance Plan,** stating that “what you’ve requested is investigational”. This statement is untrue. The published evidence supporting the safety and effectiveness of minimally invasive SIJ fusion is large and growing(4). I have attached a number of references to published clinical literature which support the efficacy and medical necessity for minimally invasive sacroiliac fusion. Furthermore, there is broad-based support from specialty societies for the coverage of minimally invasive and percutaneous SI joint fusion(4). Finally, there are 3 separate positive coverage policies (LCDs) for minimally invasive surgical fusion of the SI joint from Medicare Administrative Contractors, one of which I have included below.

The Coverage Recommendation from the North American Spine Society states: *“Percutaneous minimally invasive fusion/stabilization of the sacroiliac joint (SIJ) for the treatment of back pain is indicated for the treatment of SIJ pain for patients with low back/buttock pain who meet all of the following criteria:*

*a) Have undergone and failed a minimum six months of intensive non-operative treatment that must include medication optimization, activity modification, and active physical therapy;*

*b) Patient’s report of non-radiating, unilateral pain that is caudal to the lumbar spine (L5 vertebrae), localized over the posterior SIJ, and consistent with SIJ pain;*

*c) Localized tenderness with palpation of the posterior SIJ in the absence of tenderness of similar severity elsewhere (e.g. greater trochanter, lumbar spine, coccyx) and other obvious sources for their pain do not exist;*

*d) Positive response to the thigh thrust test OR compression test AND 2 of the following additional provocative tests: Gaenslen’s test, Distraction test, Patrick’s sign;*

*e) Absence of generalized pain behavior (e.g. somatoform disorder) or generalized pain disorders (e.g. fibromyalgia);*

*f) Diagnostic imaging studies that include ALL of the following:*

*1. Imaging (plain radiographs and a CT or MRI) of the SI joint that excludes the presence of destructive lesions (e.g. tumor, infection) or inflammatory arthropathy that would not be properly addressed by percutaneous SIJ fusion;*

*2. Imaging of the ipsilateral hip (plain radiographs) to rule out osteoarthritis;*

*3. Imaging of the lumbar spine (CT or MRI) to rule out neural compression or other degenerative condition that can be causing low back or buttock pain;*

*g) At least 75 percent reduction of pain for the expected duration* of the anesthetic used following an image-guided, contrast-enhanced SIJ injection on two separate occasions.”

**PATIENT NAME** has met all of the coverage requirements listed above, set forth by society guidelines as well as Medicare Administrative Contractors; and therefore cannot be denied approval and coverage for minimally invasive arthrodesis of the sacroiliac joint. I am hopeful that you can review the facts listed in this appeal letter, in conjunction with **PATIENT NAME**’s medical record, and provide the coverage that they are entitled to.

Sincerely,

**SIGNATURE**

REFERENCES:

1.) Szadek KM, van der Wurff P, van Tulder MW, Zuurmond WW, Perez RS. Diagnostic validity of criteria for sacroiliac joint pain: a systematic review. J Pain. 2009;10(4):354–368.

2.) Ha K-Y, Lee J-S, Kim K-W. Degeneration of sacroiliac joint after instrumented lumbar or lumbosacral fusion: a prospective cohort study over five-year follow-up. Spine. 2008;33(11):1192–8.

3.) [https://www.medicare.gov/Pubs/pdf/12026-Understanding-Medicare-Advantage-Plans.pdf - Page 7](about:blank)

4.) Multi-Specialty Society Letter Re: 2018 Health Technology Assessment Topic Selection – Sacroiliac Joint Fusion Surgery

ADDITIONAL REFERENCES

1. McGuire RA, Chen Z, Donahoe K. Dual fibular allograft technique for sacroiliac joint arthrodesis. Evid Based Spine Care J. 2012;3:21-8.

2. Wise CL, Dall BE. Minimally invasive sacroiliac arthrodesis: outcomes of a new technique. J Spinal Disord Tech. 2008;21(8):579-84.

3. Rudolf L. Sacroiliac joint arthrodesis-MIS technique with titanium implants: Report of the first 50 patients and outcomes. Open Orthop J.2012;6:495-502.

4. Sachs D, Capobianco R. One year successful outcomes for novel sacroiliac joint arthrodesis system. Ann Surg Innov Res. 2012;6(1):13.

5. Al-khayer A, Hegarty J, Hahn D, Grevitt MP. Percutaneous sacroiliac joint arthrodesis: a novel technique. J Spinal Disord Tech. 2008;21(5):359-63.

6. Khurana A, Guha AR, Mohanty K, Ahuja S. Percutaneous fusion of the sacroiliac joint with hollow modular anchorage screws: clinical and radiological outcome. J Bone Joint Surg Br. 2009;91(5):627-31.

7. Sachs D, Capobianco R. Minimally invasive sacroiliac joint fusion: one-year outcomes in 40 patients. Adv Orthop. 2013;2013:536128. for degenerative sacroiliitis and sacroiliac joint disruption. Med Devices (Auckl). 2013 May 29;6:77-84.

8. Buchowski JM, Kebaish KM, Sinkov V, Cohen DB, Sieber AN, Kostuik JP. Functional and radiographic outcome of sacroiliac arthrodesis for thedisorders of the sacroiliac joint. Spine J. 2005;5(5):520-8.