Medica Central Utilization Management Policy

Title: **Sacroiliac Joint Fusion, Open MP9643 (III-SUR.44)**

Effective Date: **October 01, 2024**

This policy was developed with input from specialists in orthopedics and neurosurgery and endorsed by the Medical Policy Committee.

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

PURPOSE

To promote consistency between utilization management reviewers by providing the criteria that determines the medical necessity.

BACKGROUND

I. Definitions
   A. **Mechanical low back pain** is the generalized term that refers to any type of back pain caused by placing abnormal stress and strain on muscles of the vertebral column. Mechanical pain typically is a result of bad habits, such as poor posture, poorly-designed seating, and incorrect bending and lifting motions.
   B. **Provocative tests** are performed to reproduce the patient's typical pain in the SI region, and can include:
      1. ***Thigh thrust test***, which involves applying downward pressure along the femur while the individual is supine. Pain at the ilium or SI joint suggests SI joint dysfunction.
      2. ***Compression test*** (aka, approximation test) applies stress to the SI joint structures in an attempt to replicate the patient's symptoms.

3. ***Gaenslen's test*** is performed in the supine position. One hip is flexed by pushing the individual's knee to the chest, and the other knee is extended toward the opposite hip joint. This maneuver stresses both sacroiliac joints.
4. ***Distraction test*** (aka, gaping test) is the application of downward pressure to the iliac crest while in the supine position.
5. ***Patrick's sign*** (aka, Fabere test). The affected leg is Flexed, Abducted, Externally Rotated, and Extended so that the ankle of that leg is on top of the opposite knee. The affected leg is then slowly lowered toward the examining table.

C. **Sacretectomy/partial sacretectomy** is removal or partial removal of the sacrum. Reconstruction of the union between the lumbar spine and the ilium following the procedure is done with spinal instrumentation to achieve stabilization.
D. **Sacroiliac (SI) joint** is the joint that is formed where the sacrum (the five fused vertebrae at the base of the spine) meets the inside of the ilium (hip bone). SI joints provide stability by connecting the sacrum with the pelvis, which are held together by a group of strong ligaments. The function of the SI joint is to transfer the load of the upper body to the lower body.
E. **Sacroiliac joint fusion (aka, arthrodesis)** is intended to join the sacrum and the iliac bones together to stabilize the joint, with the goal of alleviating or reducing low back pain. There are two kinds of fusion surgery: minimally invasive and open. During open surgery, a seven-to-eight inch incision is made, and muscles and tissue are separated to expose the SI joint. Cartilage is then removed between the sacrum and ilium, and a bone graft taken from the pelvis is used to connect and stabilize the joint. Screws are then inserted to keep the graft in place and stable during healing.
F. **Sacroiliac joint infections** (e.g., osteomyelitis, pyogenic sacroiliitis) can cause inflammation of one or both of the Si joints, causing pain in the lower back and buttocks that can further extend down one or both legs. The most common cause is bacterial, and is referred to as septic arthritis of the SI joint.
G. **Sacroiliac joint syndrome** is a general term to explain pain that arises for anatomical features of the sacrum and/or SI joint. Causes include abnormality in the fusion of the sacral bones during gestation, degenerative arthritis due to injury or wear-and-tear, and release of female hormones during pregnancy, which results in anatomical change in the SI joint.

II. Comments

A. The SI joint as the primary source of lower back pain is implicated in approximately 10 – 30% of the population. A symptomatic SI joint can present with multiple pain patterns throughout the lumbar region, buttocks, groin, thigh, and leg. In addition, the SI joint may be a referred site of pain, including from a degenerative disc at L5-S1, spinal stenosis, or osteoarthritis of the hip.
B. Because of its complexity, there are no reliable historical, physical, or radiological features to provide a definitive diagnosis of SI joint pain. Fluoroscopically guided injection of a local anesthetic helps confirm or exclude the diagnosis prior to performing surgery.

BENEFIT CONSIDERATIONS

1. Prior authorization **is required** for ***initial or repeat/revision*** SI joint fusion using an open technique. Please see the prior authorization list for product specific prior authorization requirements.
2. Prior authorization **is not required** when open SI joint fusion is emergent in nature.

3. ***Open SI joint fusion*** is *investigative and therefore not covered* for all other indications not considered medically necessary as defined below, including but not limited to: (1) degenerative SI joint, (2) mechanical low back pain, (3) radicular pain syndrome, or (4) SI joint syndrome. Open surgery is used sparingly due to the significant morbidity associated with the depth and anatomic location of the SI joint.
4. If the Medical Necessity Criteria and Benefit Considerations are met, The Health Plan will authorize benefits within the limits in the member's plan document.
5. If it appears that the Medical Necessity Criteria and Benefit Considerations criteria are not met, the individual's case will be reviewed by the medical director or an external reviewer. Practitioners are reminded of the appeals process in their Administrative Manual.

MEDICAL NECESSITY CRITERIA

Refer to the section below which corresponds with the surgical procedure(s), *initial or repeat/revision*, being requested:

NOTE: See Carelon policy, Sacroiliac Joint Fusion, for specific medical necessity criteria regarding percutaneous/ minimally invasive sacroiliac joint fusion techniques.

I. ***Open SI Joint fusion*** is medically necessary when documentation in the medical record indicates treatment for **one of the following** indications:
   A. Sacral tumors, when used adjunctively with sacretectomy or partial sacretectomy
   B. SI joint infections (e.g., osteomyelitis, pyogenic sacroiliitis) when used adjunctively with medical treatment
   C. Traumatic injuries (e.g., pelvic ring fractures, acetabular fracture, spinopelvic dissociation).

   NOTE: All other indications for open SI joint fusion are *investigative and therefore not covered*.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- For Medicare members, refer to the following, as applicable at: https://www.cms.gov/medicare-coverage-database/search.aspx

DOCUMENT HISTORY

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