

AMERICAN ASSOCIATION OF
NEUROLOGICAL SURGEONS

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American
Association of
Neurological
Surgeons



Congress of
Neurological
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CONGRESS OF
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June 11, 2021

Eric Truumees, MD, President
North American Spine Society
7075 Veterans Blvd.
Burr Ridge, IL 60527

SUBJECT: NASS Draft Model Coverage Policy on Percutaneous Sacroiliac Joint Fusion

Dear Dr. Truumees:

On behalf of the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS) and the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves (DSPN), we appreciate the opportunity to comment on the North American Spine Society (NASS) draft model coverage policy recommendation for percutaneous sacroiliac (SI) joint fusion.

We are concerned about the tone and several specific items in the coverage policy that, taken together, limit our ability to support the coverage recommendation. First, the arguments and clinical data to support percutaneous SI joint fusion are contradictory. Additionally, the recommendation that percutaneous SI joint fusion is a safe and cost-effective treatment for SI joint pain is weak. Finally, the fact that this is a surgical — albeit percutaneous — alteration of spinal anatomy is not appropriately addressed.

Our specific concerns are as follows:

- 1) The policy states: “Given the depth and anatomic location of the SIJ, significant morbidity was associated with open fusion approaches and limited usage of these procedures.” However, the then uses the open fusion data to support newer percutaneous procedures noting that “multiple SIJ fusion devices have shown similar results.” Support for percutaneous SI joint fusion cannot be derived from equivalency to open fusion procedures and, at the same time, claim that open surgery is associated with “significant morbidity” and of limited utility.
- 2) The coverage policy states that no single physical examination maneuver is reliable but suggests that multiple maneuvers taken together can have a positive predictive value. The policy also notes the lack of imaging findings that correlate with a correct diagnosis of SI joint pain but then argues that any imaging study cannot be used to contradict the appropriateness of an SI joint fusion. Further, the coverage policy describes the high false-positive rate of anesthetic block for confirmation of true SI joint pain but then arbitrarily requires a 75% improvement from an injection to indicate fusion when there is no literature to support this threshold. Taken together, the policy indicates that physical examination findings are unreliable, imaging studies may or may not have abnormalities and that the most appropriate indication for a SI joint fusion is SI joint injection, which has a high false-positive rate.
- 3) The majority of percutaneous SI joint fusion procedures utilize devices with minimal or no bone material placed through the SI joint. Instrumentation of a large joint without placement of

appropriate bony substrate is likely to result in pseudoarthrosis and failure. There are no obvious revision strategies in this situation (other than open SI joint fusion). We believe this will predispose patients to chronic long-term pain with minimal or no salvage strategies.

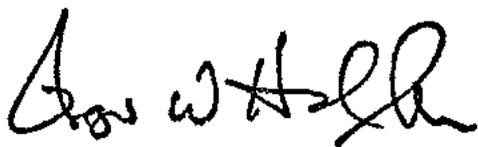
This coverage policy attempts to frame percutaneous SI joint fusion as a simple procedure akin to an injection that can be done with little to no diagnostic evidence to support it, rather than what it really is: a spinal arthrodesis surgery done percutaneously. As such, we firmly believe that SI joint fusion should only be performed by providers who have adequate training to appropriately determine the indication for such a procedure, including training and experience in spinal biomechanics, surgical anatomy, instrumentation and stabilization of the spine. The potential for delays in recognition, diagnosis, and treatment of complications of SI joint fusion could have a significant negative impact on patient safety and quality of care.

Conclusion

Overall, the AANS, CNS and DSPN disagree that the evidence supports percutaneous sacroiliac joint fusion at this time. Spinal fusion/stabilization, including SI joint fusion, requires an understanding of spinal biomechanics and should be the sole purview of providers who have adequate training and experience in all forms of spine arthrodesis.

Thank you for the opportunity to express our views.

Sincerely,



Regis W. Haid, Jr., MD, President
American Association of Neurological Surgeons



Brian L. Hoh, MD, President
Congress of Neurological Surgeons



Domagoj Coric, MD, Chairman
AANS/CNS Joint Section on Disorders
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