Evidence Discussion

Sacroiliac Joint Procedure Rationale

Approximately 15% to 30% of patients with persistent mechanical low back pain below L5 have pain arising from their sacroiliac joints (SIJ). SIJ dysfunction is common after spinal fusion; and reported in up to 40% in some studies (1).

Prolonged treatment with corticosteroids can negatively impact cartilage and articular cartilage. Corticosteroids were associated with chondrotoxicity suggesting the importance of limiting use of corticosteroids to 3 to 4 intra-articular injections annually into any given joint and using minimal steroid dosage possible. (4)

1. Sun HH, Zhuang SY, Hong X, Xie XH, Zhu L, Wu XT. The efficacy and safety of using cooled radiofrequency in treating chronic sacroiliac joint pain: A PRISMA-compliant meta-analysis. *Medicine.* 2018;97(6):e9809.

2. Buchanan P, Vodapolly S, Lee DW, et al. Successful diagnosis of sacroiliac joint dysfunction. *J Pain Res.* 2021;14:3135-3143.

3. Szadek KM, van der Wurff P, van Tulder MW, Zuurmond WW, Perez RS. Diagnostic validity of criteria for sacroiliac joint pain: A systematic review. *The Journal of Pain.* 2009;10(4):354-368.

4. Wernecke C, Braun HJ, Dragoo JL. The effect of intra-articular corticosteroids on articular cartilage: a systematic review. J Orthopaedic journal of sports medicine. 2015;3(5):2325967115581163.