Mark Gordon
Governor

State of Wyoming
Department of Workforce Services

DIVISION OF WORKERS' COMPENSATION
1510 East Pershing Boulevard, South Wing
Cheyenne, Wyoming 82002
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Robin Sessions Cooley
Director

PREAUTHORIZATION CHECK SHEET
SACROILIAC (SI) FUSION

Claimant:____________________ Claim Number:________________ DOI: ________________
Surgeon:____________________ Phone Number:________________ Contact: ______________

Compensability should NOT be in question at the time of preauthorization for this procedure

1. Pre-operative work up should be documented in the medical record. **ALL CRITERIA ARE REQUIRED.**
2. Dates should be documented for all diagnostic tests performed.
3. If medical data is lacking, the surgeon will be required to provide the missing information.

SI fusions are recommended only as the last resort for chronic or severe sacroiliac joint pain. The provider must document that all reasonable, conservative treatment has been tried.

*****This procedure REQUIRES peer review by spine surgeons.*****

Per the ODG Evidence-Based Decision Support, the indications for SI fusion are:

1. Post-traumatic injury of the SI joint	☐ Yes	☐ No	Doc Date:
OR ALL OF THE CRITERIA BELOW			
1. Failure of non-operative treatment **(include specific treatment and dates)**	☐ Yes ☐ Yes ☐ Yes ☐ Yes	☐ No ☐ No ☐ No ☐ No	Doc Date: ________ Doc Date: ________ Doc Date: ________ Doc Date:
2. Chronic pain lasting for years **(include specific time frames and treatment modality if appropriate)**	☐ Yes	☐ No	

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3. Diagnosis confirmed by pain relief with intraarticular sacroiliac injections and recurrence of symptoms after the initial response. **(include specific treatments with dates)**	☐ Yes	☐ No
4. Preoperative general health and function assessed and documented	☐ Yes	☐ No
5. Retrospective review of the medical record, to include plain radiographs to determine the clinical and radiographic outcome	☐ Yes	☐ No

_______________________________________ _____________________

Requesting Surgeon Signature Date

Sent for Peer Review ______________________________ Date: ____________________

Notes: ______________________________________ Date: ____________________

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December, 2017

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