



February 20, 2019

Josiah Morse, MPH, Program Director  
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Via e-mail: [shtap@hca.wa.gov](mailto:shtap@hca.wa.gov)

**Subject: Washington State Health Care Authority Non-coverage for Sacroiliac Joint Fusion Surgery**

Dear Mr. Morse:

On behalf of the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS), the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves (DSPN) and the Washington State Association of Neurological Surgeons (WSANS), we wish to express our deep disappointment regarding the decision of the Washington State Health Care Authority (HCA) Health Technology Assessment (HTA) program Health Technology Clinical Committee (HTCC) not to cover sacroiliac (SI) joint fusion surgery.

We are particularly disappointed by the outcome given the fact that the *Evidence Report on Sacroiliac (SI) Joint Fusion Surgery*, prepared by RTI International–University of North Carolina Evidence-based Practice Center for consideration by the HTCC, concluded that minimally invasive SI joint fusion procedures provide significant benefit to carefully selected patients. The evidence clearly supported minimally invasive SI joint fusion procedures as safe and cost-effective for pain management and improved quality of life for patients with chronic SI joint dysfunction. Furthermore, we found the literature search and data extraction in the report to be up to date and comprehensive.

Rather than a thorough examination of the clinical evidence report prepared for the meeting, it appears that the HTCC digressed into a discussion of revision surgery and durability, which were not part of the evidence review. We share the concern expressed by David W. Polly, Jr., MD — who made a presentation at the January 18, 2019, HTCC meeting on behalf of the American Academy of Orthopaedic Surgeons (AAOS), AANS, CNS, DSPN and WSANS — that anecdotal discussion of non-operative management for SI Joint pain was not supported by valid clinical evidence of enduring efficacy for those treatments. Dr. Polly and the AAOS have submitted letters objecting to the decision for non-coverage, and we agree with their comments.

We share a common dedication to safe and effective treatments, and nothing is more important to our members than the well-being of their patients. Organized neurosurgery has been active in reviewing, commenting on and attending meetings regarding procedures under consideration by the HTA program for over a decade. For patients, clinicians and other stakeholders to have confidence in this process, it is essential that the HCA focus the HTCC review and discussion on the clinical data provided for a given topic and insist on rigorous adherence to evidence-based medicine. While this sometimes occurs, we

have observed that on occasion, opinion or anecdote regarding operative spine care has led to a bias that is not based on the best available clinical data.

Thank you for the opportunity to express our views. We urge you to reconsider the non-coverage decision for SI Joint fusion procedures, as we believe that the scientific evidence supports coverage for the procedure in appropriately selected patients who have not found relief from non-operative treatment.

If you have any questions or need additional information, please feel free to contact us.

Sincerely,



Shelly D. Timmons, MD, PhD, FAANS, President  
American Association of Neurological Surgeons



Ganesh Rao, MD, FAANS, President  
Congress of Neurological Surgeons



Michael Y. Wang, MD, FAANS, Chair  
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