

**LAURENCE E. BADGLEY, M.D.
WORKERS' COMPENSATION
612 G STREET, SUITE A
EUREKA, CALIFORNIA 95501
PHONE: (707) 444-2113
FAX: (707) 444-0920**

March 14, 2012

Info@pcori.org
P.C.O.R.I. (Patient – Centered Outcomes Research Institute)
www.pcori.org
1701 Pennsylvania Avenue, NW, Suite 300
Washington, DC 20006

Eugene Washington, M.D., M.Sc., P.C.O.R.I. Board Chairman and Dean
of the David Geffen School of Medicine at the University of California, Los
Angeles

Joe Selby, M.D., M.P.H., Director

Gail Wilensky, PhD, Senior Fellow at Project Hope

Lisa Sampson, M.D., M.P.H., President and CEO of Academy of Health

Ladies and Gentlemen:

I have reviewed the January 23 draft research priorities agenda. Massive cost savings for medical care in the United States would result from the following:

1. Evidence-based studies of low back disorders that undergo surgical intervention.
2. Widespread physician education about the common disorder of chronic sacroiliac joint injury. Standardized protocols and statistical method for measuring outcomes are needed for this widespread and relatively

misunderstood disorder and as to the following:

- a. History taking
- b. Physical examination
- c. Appropriate studies
- d. Appropriate surgical referrals

The S.P.O.R.T. studies have alerted us to the inability of neurosurgeons to dependably select appropriate operative cases. Experts agree that between 10% and 30% of patients with chronic low back pain experience their pain generation from sites of chronic sacroiliac joint injury (Reference 1).

Most orthopedists and neurosurgeons lack skill to properly examine the pelvis for sacroiliac joint injuries. Over the years, I have reviewed numerous reports from these specialists, who provide care to injured workers within the Workers' Compensation medical care system. I have found that these specialists are commonly ignorant about functions of and injury to the sacroiliac joint.

Experts agree that extant imaging techniques are ineffective for diagnosing sacroiliac joint injuries (Reference 2). At 17 cm², the sacroiliac joint is the largest joint in the axial spine and can be permanently injured by mundane biomechanical forces (References 3, 4, 5, 6, and 7).

A world leader in this field of medical knowledge is Andre Vleeming, PhD, who directed development for the European Union of protocols for diagnosis and treatment of low back and pelvic disorders. He subsequently published these protocols in *Spine* (Reference 8).

An high index of suspicion for sacroiliac joint injury would result in shift of billions of dollars of unnecessary expenses from the lumbar spine neurosurgical sector and significantly reduce the legions of patients with "failed back operations".

Page Three
P.C.O.R.I.

Evidence-based studies that "degenerative disk disease" is a common cause of low back pain, the current hypothetical model purporting to define diagnosis for a significant portion of patients with chronic low back pain and sciatica, are nearly non-existent.

You need to create a panel of world class experts to address this urgent public health issue. You should start with the following physicians:

Dr. Andre Vleeming

Dr. Richard Derby

Dr. Curtis Slipman

Dr. Noel Goldthwaite

Sincerely yours,

Laurence E. Badgley, M.D.
LEB/ehc

cc: Richard Derby, M.D.
901 Campus Drive, Suite 310
Daly City, CA 94015

cc: Noel Goldthwaite, M.D.
1850 Sullivan Avenue, Suite 200
Daly City, CA 94015

REFERENCES

1. Schwarzer, A.C. *et al.* The Sacroiliac Joint in Chronic Low Back Pain. *Spine*, 1995; 20:31-37
2. Slipman, C.W., *et al.* Sacroiliac Joint Syndrome: the Diagnostic Value of Single Photon Emission Computed Tomography, Data presented at the Annual Assemble of the American Academy of Physical Medicine and Rehabilitation on November 1, 1993
3. Intervertebral Spine: An Algorithmic Approach, Edited by C.W. Slipman, R. Derby, F.A. Simeone, and T.G. Mayer, Philadelphia, PA, Saunders/Elsevier, 2009, page 1133
4. Hansen, H.C., *et al.* Sacroiliac Joint Pain and Dysfunction. *Pain Physician*. 2003; 6:179-189, ISSN1533-3159
5. Chou L.H. Slipman C.W. Inciting events initiating injection proven sacroiliac joint syndrome. *Pain Medicine*. Vol 5, no 1, 2004, pages 26-32
6. Fortin J.D. Sacroiliac joint dysfunction. A new perspective. *J Back Musculoskeletal Rehabil* 1993; 31-43
7. Badgley, L.E. A New Syndrome Entitled "Sacroiliac Joint Subluxation Pain Disorder" and a New Method of Diagnosis of Sacroiliac Joint Disorder. Proceedings of the 6th Interdisciplinary World Congress on Low Back and Pelvic Pain; Barcelona, Spain, November 7, 2007
8. Vleeming A, Albert H.B., Ostgaard H.C. *et al.* European guidelines on the diagnosis and treatment of pelvic girdle pain. In: Proceedings of the 5th Interdisciplinary World Congress on Low Back and Pelvic Pain. Melbourne, Australia, page 6, 2004