

Sacroiliac Joint Dysfunction After a Car Accident in Georgia

When Lower Back Pain Isn't Actually Coming From the Lumbar Spine

Lower back pain after a [car crash](#) can feel easy to explain: the spine took a hit, so the pain must be coming from a disc, muscle, or nerve. Sometimes that's exactly what happened. But the source can also be the sacroiliac joint, or SI joint, where the base of the spine connects to the pelvis.

SI joint dysfunction can produce pain in the low back, buttock, hip, groin, or leg, and those symptoms can overlap with a [herniated disc](#), lumbar strain, hip injury, or sciatica. That overlap is one reason an injured person can spend weeks being treated for “back pain” before anyone identifies the SI joint as a possible pain generator.

At the [Law Offices of Gary Martin Hays & Associates, P.C.](#), our Georgia car accident lawyers look at the whole medical timeline when persistent pain doesn't fit a simple diagnosis. In an SI joint claim, that means asking what changed after the collision, how the pain behaves during everyday movement, what doctors ruled out, and whether the testing actually supports the joint as the source of the symptoms.

How Can a Car Accident Affect the Sacroiliac Joint?

The sacroiliac joints sit on both sides of the lower spine where the sacrum meets the ilium of the pelvis. They don't move very much, but they help transfer forces between the upper body and the legs. Because of that job, sudden trauma can affect the joint and the ligaments and muscles that stabilize the pelvic girdle.

Medical literature recognizes motor vehicle collisions as a possible traumatic trigger for SI joint pain. A crash can expose the pelvis to rapid loading, rotation, or direct impact, especially when the body twists, braces, or moves unevenly during the collision. [Rear-end crashes](#), side impacts, and other collisions can all produce lower-body forces that deserve medical evaluation when buttock or pelvic pain persists.

That doesn't mean every person with pain near the SI joint has SI joint dysfunction. A fracture, hip injury, lumbar disc problem, inflammatory sacroiliitis, nerve compression, or another condition can cause similar symptoms. The diagnosis has to be built from the pattern of symptoms and the examination, not from the crash mechanism alone.

SI Joint Pain Can Look Like a Disc, Hip, or Sciatic Nerve Problem

One of the hardest parts of an SI joint case is that the pain doesn't always stay in one neat location. It's often felt on one side near the back of the pelvis or buttock rather than directly in

the center of the spine, but it can spread into the lateral hip, groin, thigh, or farther down the leg.

Activities that load the pelvis unevenly may make the pain more noticeable. A person may hurt more when getting out of a car, climbing stairs, standing on one leg, rising from a chair, turning in bed, or sitting for a long time. Some people limp or shorten their stride because putting weight through the affected side hurts.

That pattern is different from simply saying “my back hurts.” It's also why persistent [neck and back pain after a car accident](#) should be described as specifically as possible to the treating provider. Location, radiation, triggers, and functional limits can help distinguish the SI joint from the lumbar spine, hip, or other nearby structures.

New bowel or bladder changes, progressive leg weakness, fever, unexplained weight loss, or other major neurologic or systemic symptoms shouldn't be assumed to be SI joint dysfunction. Those can point to more urgent conditions and require prompt medical evaluation.

A Normal MRI Doesn't Rule Out SI Joint Dysfunction

This is one of the most important distinctions in these cases. MRI, CT, and X-rays can be useful for identifying fractures, inflammatory disease, tumors, major disc problems, and other conditions. But conventional imaging doesn't reliably prove that mechanical SI joint dysfunction is the source of a person's pain.

So an insurance adjuster can't fairly reduce the medical question to “the MRI was normal.” Imaging has limits, and [medical imaging after a Georgia car accident](#) has to be read together with the physical examination, symptoms, and response to treatment.

The opposite is also true. Degenerative or arthritic changes on an image don't automatically prove the SI joint was painful before the crash. Imaging findings have to be compared with the person's pre-accident condition and the way symptoms changed afterward.

Diagnosing the SI Joint Usually Takes More Than One Test

There's no single symptom, physical maneuver, or image that conclusively identifies mechanical SI joint pain in every patient. Doctors often use several pieces of information together. That process can include:

- 1. Pain Location and History:** The provider looks at where the pain began, whether it is one-sided or bilateral, what movements aggravate it, and whether the symptoms started or changed after the crash.
- 2. A Spine, Hip, and Neurologic Examination:** Because lumbar, hip, and nerve conditions can mimic SI joint pain, the evaluation may include strength, sensation, reflexes, gait, range of motion, and other tests aimed at ruling out competing causes.

3. **A Cluster of Provocation Tests:** Tests such as thigh thrust, distraction, compression, sacral thrust, and Gaenslen testing place controlled stress across the pelvic girdle. Research suggests that multiple positive provocation tests are more useful than relying on one maneuver by itself.
4. **Imaging When It Is Clinically Appropriate:** X-rays, CT, or MRI may help identify fractures, inflammatory changes, disc disease, or another diagnosis even when the scan cannot by itself confirm mechanical SI joint dysfunction.
5. **An Image-Guided Diagnostic Injection in Selected Cases:** When the diagnosis remains uncertain or more invasive treatment is being considered, an image-guided injection of local anesthetic into the SI joint can help determine whether numbing the joint meaningfully reduces the patient's usual pain.

Not every patient needs every step. The point is that a defensible diagnosis should make sense as a whole. In a legal claim, the history, examination findings, treatment response, and diagnostic reasoning should fit together rather than depend on a single phrase in an MRI report.

Why an SI Joint Diagnosis May Not Appear in the First Medical Record

Emergency care after a collision is often focused on ruling out fractures, internal injuries, head trauma, and other immediate threats. If the initial scan is reassuring and the person can walk, the chart may simply say low-back strain, hip pain, or musculoskeletal pain. That early label can change as symptoms persist and follow-up examinations become more specific.

That is why [delayed or evolving symptoms](#) need to be reported when they occur. If getting out of the car, climbing stairs, rolling over in bed, or standing on one leg begins producing a consistent pain pattern, the medical record should reflect that change instead of leaving the original ER diagnosis frozen in time.

[Seeing a doctor promptly after a car accident](#) helps create the starting point. Follow-up care then shows whether the problem resolved as expected or developed into something more persistent. An SI joint diagnosis made later isn't automatically unrelated to the crash, but the timeline becomes much easier to defend when the symptoms were documented consistently along the way.

Insurance Companies May Try to Reframe the SI Joint as an Old Problem

SI joint claims give insurers several familiar arguments because the condition can be difficult to visualize and because low-back pain is common even in people who have never been in a wreck.

Common disputes can include:

- **“The imaging only shows degeneration.”** Degenerative findings do not answer whether the person had the same symptoms and limitations before the collision. The comparison between the pre-crash baseline and the post-crash condition matters.
- **“The MRI doesn't show an SI injury.”** Mechanical SI joint pain may not have a definitive imaging finding. A normal or nonspecific scan doesn't replace the clinical evaluation.
- **“The diagnosis came too late.”** A later diagnosis can raise questions, but it can also reflect a reasonable process of ruling out lumbar, hip, or other causes first. The important issue is whether the medical timeline remains consistent.
- **“The crash wasn't severe enough.”** Vehicle damage is not a medical test. The injury analysis should focus on the patient, the symptoms, the examination, and the medical evidence rather than using repair cost as a shortcut for diagnosis.
- **“The pain is subjective.”** Pain can't always be reduced to one image or number. Repeated examination findings, functional limits, treatment response, and consistent reporting can provide a much fuller picture.

A person who already had arthritis, prior low-back treatment, pelvic asymmetry, or another condition may face an additional causation fight. Georgia law doesn't automatically erase an injury claim because a condition existed before the wreck. The central question is whether the [crash aggravated a pre-existing condition](#) or created new symptoms and limitations that were not present before.

Treatment Can Escalate When Conservative Care Isn't Enough

Treatment depends on the diagnosis, severity, medical history, and response to care. Many patients are first treated conservatively with a combination of activity modification, medications when appropriate, and rehabilitation aimed at improving pelvic stability, flexibility, and movement patterns.

- **Physical Therapy and Exercise:** A rehabilitation program may focus on pelvic girdle stabilization, gluteal and core strength, flexibility, and movement patterns that reduce stress across the SI region.
- **Medication:** A clinician may recommend anti-inflammatory or other pain medication when it is medically appropriate for the patient.
- **Image-Guided Injections:** Local anesthetic may be used diagnostically, and corticosteroid injections may be considered therapeutically in selected patients, depending on the suspected pain source and medical circumstances.
- **Radiofrequency Procedures:** For persistent pain that hasn't improved with less invasive care, pain specialists may consider radiofrequency treatment directed at nerves carrying pain signals from the SI region.

- **SI Joint Fusion:** Surgery is generally reserved for carefully selected patients with persistent symptoms who have not improved with conservative and less invasive options and whose diagnosis has been sufficiently established.

The progression of care matters in a claim because it shows more than the amount of the bills. It shows what the person tried, what failed, what helped, and whether the condition continued despite reasonable treatment. When [chronic pain continues without an obvious answer on the first round of testing](#), that history can be especially important.

The Medical Timeline Can Be More Persuasive Than Any Single Scan

SI joint cases are a good example of why causation is often built chronologically. A strong medical record may show a sequence like this:

1. **Before the crash,** the person had no SI-region symptoms, or prior symptoms were stable and didn't require the same treatment or restrictions.
2. **Immediately after the crash,** the person reported low-back, buttock, hip, or pelvic pain even if the first provider used a broader diagnosis.
3. **During follow-up,** the pain pattern became more specific, persisted with activities such as sitting, stairs, transfers, or single-leg loading, and failed to resolve with ordinary care.
4. **The examination narrowed the source,** with several findings pointing toward the SI joint while other lumbar, hip, or neurologic explanations were evaluated.
5. **Treatment response supported the diagnosis,** such as improvement with targeted rehabilitation or meaningful temporary relief from a properly performed diagnostic injection.

Treating providers can then explain why the diagnosis changed over time and why the treatment made medical sense. In a disputed case, [testimony from treating physicians](#) may help connect those individual records into a coherent medical story.

What Damages Can SI Joint Dysfunction Create After a Georgia Crash?

Some SI joint injuries improve with conservative care. Others become chronic and interfere with sitting, standing, walking, lifting, sleep, driving, and work. The value of a claim depends on the actual consequences, not just the name of the diagnosis.

Depending on the facts, recoverable losses may include:

- **Medical Expenses:** Emergency care, office visits, imaging, physical therapy, medications, injections, pain-management procedures, and surgery when medically necessary.
- **Lost Income and Reduced Earning Capacity:** Persistent pain can limit jobs that require prolonged sitting, driving, lifting, climbing, standing, or repetitive movement. Documented wage loss and long-term work restrictions may become significant parts of the claim.

- **Pain and Functional Loss:** The legal harm can include the daily effect of pain on mobility, sleep, household responsibilities, recreation, and other parts of ordinary life.
- **Future Care:** When symptoms are expected to continue, the claim may need to account for future therapy, medication, procedures, or other medically supported care.

The financial side of the claim should match the evidence. [Lost wages](#) require proof of what the injury kept the person from earning, while [pain and suffering](#) is better understood through specific limitations and changes in daily life than through a generic pain score.

Georgia's current rules for [medical-expense evidence](#) can also affect how healthcare charges are presented in newer injury cases. That makes accurate billing records, treatment documentation, and a clear explanation of medical necessity even more important.

Our Georgia Car Accident Lawyers Can Help Build the Medical Story

Sacroiliac joint dysfunction isn't the kind of injury that should be judged by one X-ray, one MRI phrase, or one early diagnosis. When the SI joint is the real source of pain, the claim may depend on how the symptoms evolved, how doctors narrowed the diagnosis, and why the treatment fits the crash.

Our Georgia car accident lawyers can obtain the medical record, compare pre-crash and post-crash treatment, preserve collision evidence, and work with the medical evidence needed to explain a disputed SI joint diagnosis. We also document work restrictions, future care, and the daily limitations persistent pain has caused.

If you or someone you love developed persistent SI joint, low-back, buttock, or pelvic pain after a Georgia crash, [contact us](#) for a free consultation. We can review what happened, where the medical evidence stands, and what steps may help protect your claim.