The Great Imposter: Sacroiliac Joint Dysfunction Presenting as Distal Pseudo-Sciatica

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INTRODUCTION

Sciatica is frequently attributed to lumbar radiculopathy, yet sacroiliac joint (SIJ)-mediated pain accounts for approximately 15–30% of chronic low back pain and may refer distally into the lower extremity. This case highlights how targeted examination and diagnostic injection can distinguish SIJ-mediated pseudo-sciatica from lumbar radiculopathy.

MATERIALS & METHODS

35-year-old woman with 8 months of constant 9/10 right low-back pain radiating to the heel despite conservative care. Lumbar MRI showed no central stenosis, foraminal narrowing, or nerve-root compression. Strength was 5/5 bilaterally; Achilles reflexes were absent bilaterally. Toe-walking was difficult and right SLR reproduced a burning sensation in the posterior leg. SIJ tenderness was present. Provocation testing was positive for distraction, sacral compression, sacral thrust, and FABER.

RESULTS

Fluoroscopically guided right SIJ injection was performed after contrast confirmation of intra-articular needle placement. A 3 mL mixture of 0.25% bupivacaine and triamcinolone 40 mg was injected. Pain improved immediately from 9/10 to 0/10 (100% relief) within the local-anesthetic diagnostic window, without acute complications.

DISCUSSION

Distal radiation, toe-walking difficulty, and a positive SLR may suggest L5–S1 radiculopathy, but SIJ pain can mimic this pattern despite normal lumbar imaging. A cluster of SIJ provocation tests improves diagnostic accuracy; substantial relief after image-guided intra-articular injection supports the SIJ as the pain generator and may prevent unnecessary spinal intervention.

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When the lumbar MRI is normal, **look beyond the spine.**

Three positive Laslett provocation tests + 100% immediate relief after fluoroscopic SIJ injection supported right SIJ-mediated pseudo-sciatica.



FIGURE A. Sagittal T2-weighted lumbar MRI demonstrating preserved vertebral alignment with no significant spinal canal stenosis.



FIGURE B. Representative axial T2-weighted lumbar MRI demonstrating a patent right neural foramen without nerve-root compression.

DIAGNOSTIC PATHWAY

RADICULAR-LIKE SYMPTOMS	NORMAL LUMBAR MRI	SIJ EXAM LOCALIZES PAIN	TARGETED SIJ INJECTION	DIAGNOSTIC RESPONSE
9/10 pain → heel + SLR, toe-walking difficulty	No stenosis or nerve-root compression	3 Laslett tests + FABER positive	Contrast-confirmed intra-articular placement	9/10 → 0/10 100% immediate relief

A radicular pain pattern does not establish radiculopathy. When lumbar imaging is unrevealing, a structured SIJ examination followed by a targeted diagnostic injection can identify an extra-spinal pain generator.



WHY THIS CASE MATTERS

- SIJ pain can refer below the knee and resemble L5–S1 radiculopathy.
- A normal lumbar MRI should prompt reassessment of extra-spinal pain generators.
- Concordant exam findings plus a robust response to image-guided SIJ injection can clarify the diagnosis.

CASE SNAPSHOT

Pain	9/10 right low back → heel
Duration	8 months
MRI	No stenosis / foraminal narrowing
Strength	5/5 bilateral lower extremities
SIJ tests	Distraction, compression, sacral thrust + FABER
Injection	0.25% bupivacaine + triamcinolone 40 mg
Response	9/10 → 0/10 immediately

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