

Health Decisions, Inc.

1900 Wickham Drive

Burleson, TX 76028

P 972-800-0641

F 888-349-9735

February 23, 2018

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left stellate ganglion block w/ultrasound cpt: 64510, 76942

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified in Anesthesiology for over 10 years

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a XXXX. XXXX was casted for 4 weeks. After cast was removed they noticed severe decrease in ROM, hyperalgesia, and vasomotor changes. XXXX was diagnosed with reflex sympathetic dystrophy. Insurance is denying SGB.

XXXX – X-ray Results-XXXX: Conclusion: Normal examination. Procedure: X-ray left wrist three views. Comparison: None. Indications: Contracture of hand joint. Findings: Bones: Normal. No significant arthropathy or acute abnormality. Soft tissues: Negative. No visible soft tissue swelling. Effusion: None viable. Other: Negative.

XXXX – Occupational Therapy Notes-Adam Infante, OTR: HPI: Occupational therapy daily note. Subjective: Pt states XXXX began having shooting pain over dorsal wrist for 2 days and the pain is nearly unbearable. Today's Treatment: Pt was instructed on appropriate warnings concerning modalities used, and instructed to notify staff immediately if treatment became uncomfortable. Treatment consisted of paraffin and hot pack to the LUE x 15 min. Followed with manual therapy to include joint mobilization and soft tissue mobilization of the left FA, wrist, hand/digits x 10 min, PROM of same region x 10 min, hand-ciser x 10min, modified weight bearing on yellow web x 10 min, UBE x 10 min, fluido x 10 min. Assessment: Pt with improved tolerance for manual therapy. Tolerance for PROM to the affected digits and soft tissue mobilization are improving but slowly. Plan: Continue therapy in order to decrease pain, swelling and stiffness while promoting AROM, strength and functional performance. Plan: 2 Therapeutic exercises 97110.

XXXX – Occupational Therapy Notes- **XXXX**: HPI: Occupational therapy daily note. Subjective: Pt states XXXX left wrist and hand remain very stiff, but pain is not as intense (6/10 today). Today's Treatment: Pt was instructed on appropriate warnings concerning modalities used, and instructed to notify staff immediately if treatment became uncomfortable. Treatment consisted of paraffin and hot pack to the LUE x 15 min. Followed with manual therapy to include joint mobilization and soft tissue mobilization of the left FA, wrist, hand/digits x 10 min, PROM of same region x 10 min, hand-ciser x 10min, modified weight bearing on yellow web x 10 min, UBE x 10 min, fluido x 10 min. Assessment: Minimally improved digital flexion noted today. Pt remains with max pain behaviors during gently passive digital flexion. Pt is making minimal progress but slowly. Plan: Continue therapy in order to decrease pain, swelling and stiffness while promoting AROM, strength and functional performance. Plan: 3 Therapeutic exercises 97110.

XXXX – Occupational Therapy Notes- **XXXX**: HPI: Occupational therapy daily note. Subjective: Pt states XXXX left wrist and hand remain very stiff, but pain is not as intense (6/10 today). Today's Treatment: Pt was instructed on appropriate warnings concerning modalities used, and instructed to notify staff immediately if treatment became uncomfortable. Treatment consisted of paraffin and hot pack to the LUE x 15 min. Followed with manual therapy to include joint mobilization and soft tissue mobilization of the left FA, wrist, hand/digits x 10 min, PROM of same region x 10 min, hand-ciser x 10min, modified weight bearing on yellow web x 10 min, Provand x 30 min. Assessment: Provand does appear to be helping pt as XXXX has increased digital flexion today. Plan: Continue therapy in order to decrease pain, swelling and stiffness while promoting AROM, strength and functional performance. Plan: 2 Therapeutic exercises 97110; Manual therapy 1/> regions 97140.

XXXX – Occupational Therapy Notes- **XXXX**: HPI: Occupational therapy daily note. Subjective: Pt states XXXX left wrist and hand remain very stiff, but pain is not as intense (6/10 today). Today's Treatment: Pt was instructed on appropriate warnings concerning modalities used, and instructed to notify staff immediately if treatment became uncomfortable. Treatment consisted of paraffin and hot pack to the LUE x 15 min. Followed with manual therapy to include joint mobilization and soft tissue mobilization of the left FA, wrist, hand/digits x 10 min, PROM of same region x 10 min, hand-ciser x 10min, modified weight bearing on yellow web x 10 min, Provand x 30 min. Assessment: Minimally improved digital flexion noted today. Pt remains with max pain behaviors during gently passive digital flexion. Pt is making minimal progress but slowly. Plan: Continue with therapy in order to decrease pain, swelling and stiffness while promoting AROM, strength and functional performance. Plan: 2 Therapeutic exercises 97110; Manual therapy 1/> regions 97140.

XXXX – MRI Results- **XXXX**: Conclusion: 1) Motion artifact makes evaluation of the TFC difficult. The central radial aspect is thin. There is some intermediate T2 signal in this location. No deficits full-thickness tear. Partial thickness tearing cannot be excluded on this exam. MRI wrist would allow further evaluation if clinically warranted. 2) Cystic degenerative change of the lunate. 3) Mild radiocarpal joint degenerative change. Procedure: MRI wrist w/o contrast, left. Comparison: Diagnostic outpatient imaging, CR, wrist 3V Left, **XXXX**. Indications: Pain, weakness, prior fall injury. No surgery.

XXXX – Occupational Therapy Notes-**XXXX**: HPI: Occupational therapy daily note. Subjective: Pt states XXXX left wrist and hand remain very stiff, but pain is not as intense. XXXX states XXXX is afraid the pain will never resolve. Today's Treatment: Pt was instructed on appropriate warnings concerning modalities used, and instructed to notify staff immediately if treatment became uncomfortable. Treatment consisted of paraffin and hot pack to the LUE x 15 min. Followed with manual therapy to include joint mobilization and soft tissue mobilization of the left FA, wrist, hand/digits x 10 min, PROM of same region x 10 min, hand-ciser x 10min, modified weight bearing on yellow web x 10 min, UBE x 10 min, fluido x 10 min. Assessment: Minimally improved digital flexion

noted today. Pt remains with max pain behaviors during gently passive digital flexion. Pt is making minimal progress but slowly. Plan: Continue with therapy in order to decrease pain, swelling and stiffness while promoting AROM, strength and functional performance. Plan: 3 Therapeutic exercises 97110.

XXXX – Occupational Therapy Notes-XXXX: HPI: Occupational therapy daily note. Subjective: Pt states XXXX left wrist and hand remain very stiff, but pain is not as intense. Today's Treatment: Pt was instructed on appropriate warnings concerning modalities used, and instructed to notify staff immediately if treatment became uncomfortable. Treatment consisted of paraffin and hot pack to the LUE x 15 min. Followed with manual therapy to include joint mobilization and soft tissue mobilization of the left FA, wrist, hand/digits x 10 min, PROM of same region x 10 min, hand-ciser x 10min, modified weight bearing on yellow web x 10 min, UBE x 10 min, fluido x 10 min. Assessment: Minimally improved digital flexion noted today. Pt remains with max pain behaviors during gently passive digital flexion. Pt is making minimal progress but slowly. Plan: Continue with therapy in order to decrease pain, swelling and stiffness while promoting AROM, strength and functional performance. Plan: 3 Therapeutic exercises 97110.

XXXX – Physician Notes-XXXX: HPI: Occupational therapy daily note. Subjective: Pt states XXXX left wrist and hand remain very stiff and extremely painful. Today's Treatment: Pt was instructed on appropriate warnings concerning modalities used, and instructed to notify staff immediately if treatment became uncomfortable. Treatment consisted of paraffin and hot pack to the LUE x 15 min. Followed with manual therapy to include joint mobilization and soft tissue mobilization of the left FA, wrist, hand/digits x 10 min, PROM of same region x 10 min, hand-ciser x 10min, modified weight bearing on yellow web x 10 min, UBE x 10 min, fluido x 10 min. Assessment: Pt with slight improvement and tolerance to therapy. SXS of CRPS or component thereof. Plan: Continue with therapy in order to decrease pain, swelling and stiffness while promoting AROM, strength and functional performance. Plan: 3 Therapeutic exercises 97110.

XXXX – Physician Notes- XXXX: Chief complaint: Wrist. HPI and Recent Interventions: Same as date XXXX. Assessment: Reflex sympathetic dystrophy of the lower limb 337.22/G90.529; Closed fracture of distal end of left radius 813.S52.502A; Closed fracture of left distal radius 813.42/S52.502A; Distal radius fracture, left 813.42/S52.502A; Reflex sympathetic dystrophy of the arm 337.21/G90.519. Plan: Orders: Block of left stellate ganglion 64510. Instructions: Based on history and physical and following ODG guidelines XXXX is an appropriate candidate for a diagnostic stellate ganglion block. Diagnostic studies are ordered.

XXXX – Stellate Ganglion Block Notes- XXXX: Procedure: Left stellate ganglion sympathetic block under ultrasound guidance. Pre-op diagnosis: Left hand pain, left hand burning sensation, left arm pain, left arm burning sensation, complex regional pain syndrome Type 1 left upper extremity. Post-op diagnosis: Left hand pain, left hand burning sensations, left arm pain, left arm burning sensation, complex regional pain syndrome Type 1 left upper extremity. Findings: Radiology: A scout film was performed. This showed not bony abnormalities. Complications: No immediate complications.

XXXX – Physician Notes- XXXX: Chief complaint: Wrist. HPI and Recent Interventions: Same as date XXXX. Assessment: Reflex sympathetic dystrophy of the lower limb 337.22/G90.529; Closed fracture of distal end of left radius 813.S52.502A; Closed fracture of left distal radius 813.42/S52.502A; Distal radius fracture, left 813.42/S52.502A; Reflex sympathetic dystrophy of the arm 337.21/G90.519. Plan: Orders: Medical report 99080; Toradol Inj Med J1885; Ther/Proph/Diag Inj SC/IM 96372. Plan: Instructions: Diagnostic studies are ordered; Meds prescribed; XXXX has a left trapezius muscle spasm following stellate ganglion block. We provided XXXX with Toradol IM injection and a trigger point

injection to left trapezius muscle. Pt tolerated procedure well and reported resolution of XXXX symptomology.

XXXX – Physician Notes- **XXXX**: Chief complaint: Wrist. HPI and Recent Interventions: Same as date **XXXX**. Assessment: Reflex sympathetic dystrophy of the lower limb 337.22/G90.529; Closed fracture of distal end of left radius 813.S52.502A; Closed fracture of left distal radius 813.42/S52.502A; Distal radius fracture, left 813.42/S52.502A; Reflex sympathetic dystrophy of the arm 337.21/G90.519. Plan: Orders: Medical report 99080; Toradol Inj Med J1885; Ther/Proph/Diag Inj SC/IM 96372. Plan: Instructions: Diagnostic studies are ordered; Meds prescribed; XXXX has a left trapezius muscle spasm following stellate ganglion block. We provided XXXX with Toradol IM injection and a trigger point injection to left trapezius muscle. Pt tolerated procedure well and reported resolution of XXXX symptomology.

XXXX – Physician Notes- **XXXX**: Chief complaint: Wrist. HPI and Recent Interventions: Same as date **XXXX**. Assessment: Reflex sympathetic dystrophy of the lower limb 337.22/G90.529; Closed fracture of distal end of left radius 813.S52.502A; Closed fracture of left distal radius 813.42/S52.502A; Distal radius fracture, left 813.42/S52.502A; Reflex sympathetic dystrophy of the arm 337.21/G90.519. Plan: Orders: Medical report 99080; Toradol Inj Med J1885; Ther/Proph/Diag Inj SC/IM 96372. Instructions: Meds as prescribed. Active rehab- I would like this pt to undergo active rehab along with injection therapy in order to increase ROM, strengthen the muscles, increase endurance and improve quality of life. The pt has not been able to fully benefit from previous rehab due to the significant amount of pain. At this point with inj therapy we are expecting to reduce the level of pain in order to allow the pt to obtain max benefit from rehab and allow them to resume normal activities as soon as possible. Exercise; I do encourage my pts to participate in safe, low impact, supervised exercise. Left stellate ganglion block for therapeutic purposes.

XXXX – Occupational Therapy Note- **XXXX**: Diagnosis: G90.512, G56.02, M24.542 CRPS, CTS, Contracture of left hand/digits. Body part to be treated: LUE. Subjective: Pt states the Medrol dose pack is helping reduce XXXX pain and swelling significantly. Objective: Treatment: Pt was educated on appropriate warnings concerning the use of heated modalities and instructed to notify staff immediately if treatment becomes uncomfortable or too hot. Based on the patient's presentation this day, treatment consisted of paraffin and hot pack to the affected L upper extremity x 10 min, followed with manual therapy to include joint mobilization and soft tissue mobilization of the affected forearm, wrist, hand, and digits x 10 min. OT then performed PROM to the affected forearm, wrist, hand and digits x 10 min. Modified weight bearing on yellow eb x 10 min, hand-ciser at lightest resistance x 10 min. Reaching and placing light resistive pegs on vertical easel x 10 min. Further treatment consisted of active tendon gliding in fluido x 10 min. Assessment: Pt with decreased activity tolerance and no tolerance for massage. Plan: Continue with OT to increase AROM, strength, and functional performance of the affected upper extremity.

XXXX – Occupational Therapy Note-XX, OTR: Diagnosis: G90.512, G56.02, M24.542 CRPS, CTS, Contracture of left hand/digits. Body part to be treated: LUE. Subjective: Pt states the Medrol dose pack is helping reduce XXXX pain and swelling significantly. Objective: Treatment: Pt was educated on appropriate warnings concerning the use of heated modalities and instructed to notify staff immediately if treatment becomes uncomfortable or too hot. Based on the patient's presentation this day, treatment consisted of paraffin and hot pack to the affected L upper extremity x 10 min, followed with manual therapy to include joint mobilization and soft tissue mobilization of the affected forearm, wrist, hand, and digits x 10 min. OT then performed PROM to the affected forearm, wrist, hand and digits x 10 min. Modified weight bearing on yellow eb x 10 min, hand-ciser at lightest resistance x 10 min. Reaching and placing light resistive pegs on vertical easel x 10 min. Further treatment consisted of active tendon

gliding in fluido x 10 min. Assessment: Pt remains with zero activity tolerance or tolerance for massage due to hypersensitivity. Plan: Continue with OT to increase AROM, strength, and functional performance to the affected upper extremity.

XXXX – Occupational Therapy Note- **XXXX**: Diagnosis: G90.512, G56.02, M24.542 CRPS, CTS, Contracture of left hand/digits. Body part to be treated: LUE. Subjective: Pt states XXXX is not in as much pain today. XXXX pain is reported to be 5/10. Objective: Treatment: Pt was educated on appropriate warnings concerning the use of heated modalities and instructed to notify staff immediately if treatment becomes uncomfortable or too hot. Based on the patient's presentation this day, treatment consisted of paraffin and hot pack to the affected L upper extremity x 10 min, followed with manual therapy to include joint mobilization and soft tissue mobilization of the affected forearm, wrist, hand, and digits x 10 min. OT then performed PROM to the affected forearm, wrist, hand and digits x 10 min. Modified weight bearing on yellow eb x 10 min, hand-ciser at lightest resistance x 10 min. Reaching and placing light resistive pegs on vertical easel x 10 min. Further treatment consisted of active tendon gliding in fluido x 10 min. Assessment: The pt had improved wrist and digital AROM this day. XXXX tolerance to therapy is better this day as well. Plan: Continue with OT to increase AROM, strength, and functional performance of the affected upper extremity.

XXXX – XX Notes- **XXXX**: Procedure: Left stellate ganglion sympathetic block under ultrasound guidance. Pre-op diagnosis: Left hand pain, left hand burning sensation, left arm pain, left arm burning sensation, complex regional pain syndrome Type 1 left upper extremity. Post-op diagnosis: Left hand pain, left hand burning sensations, left arm pain, left arm burning sensation, complex regional pain syndrome Type 1 left upper extremity. Findings: Radiology: A scout film was performed. This showed not bony abnormalities. Complications: No immediate complications.

XXXX – Physician Notes-**XXXX**: Chief complaint: Wrist. HPI and Recent Interventions: Same as date **XXXX**. Assessment: Reflex sympathetic dystrophy of the lower limb 337.22/G90.529; Closed fracture of distal end of left radius 813.S52.502A; Closed fracture of left distal radius 813.42/S52.502A; Distal radius fracture, left 813.42/S52.502A; Reflex sympathetic dystrophy of the arm 337.21/G90.519. Plan: Orders: Medical report 99080; Toradol Inj Med J1885; Ther/Proph/Diag Inj SC/IM 96372. Instructions: Meds as prescribed. Active rehab- I would like this pt to undergo active rehab along with injection therapy in order to increase ROM, strengthen the muscles, increase endurance and improve quality of life. The pt has not been able to fully benefit from previous rehab due to the significant amount of pain. At this point with inj therapy we are expecting to reduce the level of pain in order to allow the pt to obtain max benefit from rehab and allow them to resume normal activities as soon as possible. Exercise; I do encourage my pts to participate in safe, low impact, supervised exercise. Left stellate ganglion block for therapeutic purposes.

XXXX – Physician Notes-**XXXX**: Chief complaint: Wrist. HPI and Recent Interventions: Same as date **XXXX**. Assessment: Reflex sympathetic dystrophy of the lower limb 337.22/G90.529; Closed fracture of distal end of left radius 813.S52.502A; Closed fracture of left distal radius 813.42/S52.502A; Distal radius fracture, left 813.42/S52.502A; Reflex sympathetic dystrophy of the arm 337.21/G90.519. Plan: Orders: Medical report 99080; Toradol Inj Med J1885; Ther/Proph/Diag Inj SC/IM 96372. Instructions: Meds as prescribed. Active rehab- I would like this pt to undergo active rehab along with injection therapy in order to increase ROM, strengthen the muscles, increase endurance and improve quality of life. The pt has not been able to fully benefit from previous rehab due to the significant amount of pain. At this point with inj therapy we are expecting to reduce the level of pain in order to allow the pt to obtain max benefit from rehab and allow them to resume normal activities as soon as possible. Exercise; I do encourage my pts to participate in safe, low impact, supervised exercise. Left stellate ganglion block for therapeutic purposes.

XXXX – Physician Notes-XXXX: Chief complaint: Wrist. HPI and Recent Interventions: Same as date **XXXX**. **XXXX** is here for evaluation of chronic left hand and wrist pain. On **XXX** at work and **XXXX**. **XXXX** was placed in a cast for 3 weeks, after cast was removed they noticed severe decrease in ROM, hyperalgesia, and vasomotor changes. **XXXX** was diagnosed by **XXXX** with reflex sympathetic dystrophy. **XXXX** feels **XXXX** is not a surgical candidate and **XXXX** referred **XXXX** to us for a diagnostic stellate ganglion block. **XXXX** has finished about 36 sessions of PT according to case manager. **XXXX** currently sees **XXXX** but **XXXX** does not feel **XXXX** is a good candidate for a diagnostic SGB. Plan: Orders: Medical report 99080; Toradol Inj Med J1885; Ther/Proph/Diag Inj SC/IM 96372; Block of left stellate ganglion 64510. Instructions: Based on history and physical and following ODG guidelines **XXXX** is an appropriate candidate for a diagnostic stellate ganglion block. Meds as prescribed. Active rehab- I would like this pt to undergo active rehab along with injection therapy in order to increase ROM, strengthen the muscles, increase endurance and improve quality of life. The pt has not been able to fully benefit from previous rehab due to the significant amount of pain. At this point with inj therapy we are expecting to reduce the level of pain in order to allow the pt to obtain max benefit from rehab and allow them to resume normal activities as soon as possible. Exercise; I do encourage my pts to participate in safe, low impact, supervised exercise. Left stellate ganglion block for therapeutic purposes.

XXXX – Physician Notes-XXXX: HPI: Chief complaint: W/C left wrist. **XXXX**: **XXXX** is here today for f/u with **XXXX** case manager for left hand contracture and pain. **XXXX** got **XXXX** first SGB which **XXXX** did have a reaction from however since then **XXXX** pain has now 50% improved. **XXXX** motion is also improved and **XXXX** is doing well. **XXXX** is scheduled for a second block. **XXXX**: **XXXX** is here for a f/u from left hand contracture, wrist pain and complex regional pain syndrome. At **XXXX** last visit we talked about getting the second block. **XXXX** symptoms have actually worsened, **XXXX** is having more difficulty making a fist and having increased pain. Recommendation and Plan: Again with **XXXX** response to the last SGB I believe this was not only therapeutic but diagnostic for complex regional pain. I would recommend that **XXXX** undergo the third block. I agree that we should hold on therapy for right now restarting it immediately after **XXXX** third block if **XXXX** gets this similar response that **XXXX** did after the first. **XXXX** continue pain management medications. I recommend that **XXXX** continue to be off work right now due to pain. I would like **XXXX** to f/u with me in 4 weeks for re-evaluation.

XXXX – URA Determination- **XXXX**: Clinical Summary: On **XXXX** pt **XXXX**. Was casted for 4 wks. **XXXX** C/o left wrist and finger pain, numbness, increase with bending and grasping objects. Has functional deficits. Dx: closed fx of distal radius, left. Completed 12 OT. **XXXX** has limited ROM, unable to make a fist. Dx: contracture of hand joint, arm pain. Completed 8 additional OT. Injury is near **XX** old. OT is treating **XXXX** L UE. Has received 9 sessions at this OT clinic as of **XXXX**. Dx Left wrist fracture, contracture of left hand/digits. Decreased ROM, and decreased grip strength. Sensation is intact. TTP to left wrist. **XXXX** claimant states **XXXX** L wrist and hand remain very stiff, but not as intense 6/10. Assessment: RSD, Closed fracture distal radius and ulna, contracture of hand joint. **XXXX** has increased pain, with numbness in the index finger. **XXXX** pt has not made much progress with ROM, has trouble using index finger, with more N/T. Pt has completed 31 OT. **XXXX** has burning pain in UE with swelling. Allodynia, skin a little bit more dusky, tender with movement particularly wrist and fingers. EMG/NCS did not show any nerve entrapment disorder. **XXXX** shoulder and elbow AROM is WNL, FA and wrist have decreased ROM, flexion contracture. **XXXX** has completed 36 PT. Pt has chronic pain disproportionate to inciting event, not surgical candidate. Has allodynia and hyperalgesia, temperature asymmetry, no color change, plus 2 edema, no sweating asymmetry, decreased ROM and stiffness. TPI administered L upper trap and Toradol inj which resolved post inj symptoms. **XXXX** fully recovered from SGB s/e, now with no pain to LUE. **XXXX** in therapy but had aggravation of symptoms

for a week. Has temp change, muscle weakness and swelling in L hand. **XXXX** SGB #2 administered. **XXXX** pt reports **XXXX** had another accident at work one day prior to the SGB and **XXXX** does not see much improvement. Determination: There were 2 prior SGBs with no significant benefit with the second inj for symptoms suggestive of complex regional pain syndrome. There were also side effects associated with the initial SGB but there was significant pain relief reported. The necessity for yet another SGB given the result with the second inj needs further validation. Request is not certified.

XXXX – Physician Notes-**XXXX**: HPI: Chief complaint: W/C left wrist. **XXXX**: **XXXX** is here for f/u from left hand contracture and complex regional pain syndrome. **XXXX** had **XXXX** systolic ganglion block on **XXXX** which was **XXXX**. However, **XXXX** tells me that **XXXX** on that **XXXX** had a new injury when **XXXX** hand was **XXXX**. **XXXX** is having increased pain today. **XXXX** is having left neck and upper extremity pain consistent with the same pain that **XXXX** had after **XXXX** previous systolic ganglion block. However increased pain in **XXXX** hand and wrist has been since the injury **XXXX**. **XXXX**: **XXXX** is here for f/u from left hand contracture complex regional pain syndrome. **XXXX** continues to have pain in **XXXX** left hand. **XXXX** was told that **XXXX** interventional pain management physician would like **XXXX** to undergo another SGB. The pain management doctor did ask and recommend that **XXXX** hold off on therapy until after **XXXX** next block **XXXX**: **XXXX** is here for f/u from left hand contracture and complex regional pain syndrome. **XXXX** pain is continued and **XXXX** has had no improvement. **XXXX** feels that **XXXX** stiffness is actually worsening since **XXXX** last visit because we have held **XXXX** out of therapy until after potentially another block. However, **XXXX** tells that **XXXX** third SGB for complex regional pain syndrome has been denied and shows me a letter confirming this. Recommendation and Plan: From the very beginning I have felt that **XXXX** had complex regional pain syndrome. I feel that the first SGB not only helped **XXXX** symptoms but also helped diagnosed the problem. The treatment for complex regional pain syndrome is therapy medications and also blocks. I would recommend all 3 of these to help treat **XXXX** symptoms I would also recommend therapy just to help continue with **XXXX** motion but agree with the plan to wait until after another block for initiating therapy because the vast improvement with motion we got was after the first SGB. We will continue to hold **XXXX** off work due to the amount of pain that **XXXX** is experiencing. I will have **XXXX** f/u in 4 weeks. Regarding the second SGB **XXXX** had an injury at work the day after this block which was felt could have decreased **XXXX** response and improvement from that block

XXXX – Progress Note-**XXXX**: Chief complaint: Wrist. HPI: The pt is a **XXXX** who presents for evaluation of left wrist and hand pain. The pain developed gradually on **XXXX**. It is 8/10 in severity, has sharp, shooting throbbing, aching and spasmodic quality and radiates into the left arm. The pain has been frequent. The pt states the pain is aggravated by turning. It is alleviated by medication. This is a work-related injury. The mechanism of injury is **XXXX** at work causing fracture. The pt has noticed decreased function, quality of life, sleep, and physical activity. The pt reports no SI. **XXXX** also reports crying, anger, depression, stress, and frustration. The pt has no prior history of neck or back surgery. Recent Interventions: **XXXX** underwent a procedure recently. The pt presents for post-procedure evaluation of stellate ganglion block. **XXXX** last procedure date was on **XXXX**. **XXXX** reports 50% improvement in **XXXX** pain score. Pt reports 60% in **XXXX** ADLs. Pt reports 60% improvement in **XXXX** ability to sleep. Pt reports 0% reduction in **XXXX** use of analgesic medication. Pt reports past medication trials of gabapentin and Tylenol #3. Pt reports medication was effective and reports no side effects. SOAPP-R Questionnaire: The patient's score is a 28 which is a high risk for opioid abuse, diversion, or aberrant behaviors. Urine drug screen was collected. Point of care results are pending for all medications, consistent with medication regimen. UDS results reviewed for date of service **XXXX** are pending. The TX and NM DPS PMP report was reviewed today and is consistent with meds being prescribed. **XXXX** is here for eval of chronic left hand and wrist pain; on **XXXX** fell at work and broke **XXXX** left wrist. **XXXX** was placed in a cast for 3 weeks, after cast was removed they noticed severe

decrease in ROM, hyperalgesia, and vasomotor changes. XXXX was diagnosed by XXXX with reflex sympathetic dystrophy. XXXX feels XXXX is not a surgical candidate and XXXX referred XXXX to us for a diagnostic stellate ganglion block. XXXX has finished about 36 sessions of PT according to case manager. XXXX currently sees XXXX but XXXX does not feel XXXX is a good candidate for a diagnostic SGB. Assessment: 1) Reflex sympathetic dystrophy of the lower limb 337.22/G90.529; 2) Closed fracture of distal end of left radius 813.42/S52.502A; 3) Closed fracture of left distal radius 813.42/S52.502A; 4) Distal radius fracture, left 813.42/S52.502A; 5) Reflex sympathetic dystrophy of the arm 337.21/G90.519. Plan: Orders: Medical report 99080; Block of left SGB 64510. Instructions: Meds as prescribed; Active rehab. I would like this pt to undergo active rehab along with injection therapy in order to increase ROM, strengthen the muscles, increase endurance and improve quality of life. The pt has not been able to fully benefit from previous rehab due to the significant amount of pain. At this point with inj therapy we are expecting to reduce the level of pain in order to allow the pt to obtain max benefit from rehab and allow them to resume normal activities as soon as possible. Exercise; I do encourage my pts to participate in safe, low impact, supervised exercise. Third left SGB for therapeutic purpose, following by more aggressive rehab at home in order to regain function or left hand and minimize pain.

XXXX – URA Redetermination- **XXXX**: Diagnosis: Carpal tunnel syndrome, left upper limb. Requested services: Reconsideration for left stellate ganglion block with ultrasound, 64510, 76942. Clinical Summary same as listed on **XXXX**. Determination: According to the ODG treatment, integrated treatment/disability duration guidelines, pain (chronic), CRPS, sympathetic blocks (therapeutic): Recommend local anesthetic sympathetic blocks for limited, select cases, as indicated below. Not recommend IV regional anesthesia blocks. Recommendations for use of sympathetic blocks: 1) There should be evidence that all other diagnoses have been ruled out before consideration of use. 2) There should be evidence that the Budapest criteria have been evaluated for and fulfilled. 3) If sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that skin temperature after the block shows sustained increase without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should occur. This is particularly important in the diagnostic phase to avoid overestimation of the sympathetic component of pain. A Horner's sign should be documented for upper extremity blocks. The use of sedation with the block and influence results, and this should be documented if utilized. 4) Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled. These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation. 5) In the initial therapeutic phase, maximum sustained relief is generally obtained after 3 to 6 blocks. These blocks are generally given in fairly quick succession in the first 2 weeks of treatment with tapering to once a week. Continuing treatment longer than 2 to 3 weeks is unusual. 6) In the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased ROM, pain and medication use reduction, and increased tolerance of activity and touch is documented to permit participation in physical therapy/occupational therapy. Sympathetic blocks are not a stand-alone treatment. 7) There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase. 8) In acute exacerbations of patients who have documented evidence of sympathetically mediated pain, 1 to 3 blocks may be required for treatment. 9) A formal test of the therapeutic blocks should be documented (preferably skin temperature). In this clinical setting, documentation substantiates that the claimant underwent left stellate ganglion sympathetic block under ultrasound guidance on **XXXX**. As per the guideline, in the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased ROM, pain and medication use reduction, and increased tolerance of activity and touch is documented to permit participation in physical therapy/occupational therapy. Sympathetic blocks are not a stand-alone treatment. However, the documentation does not substantiate increased ROM, medication use reduction and increased tolerance of activity and touch to

permit participation in physical therapy/occupational therapy. Also, sympathetic blocks are not a stand-alone treatment. Therefore, the request for left stellate ganglion block with ultrasound is not medically necessary at this time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The prior determination is upheld. Based on the records submitted and peer-reviewed guidelines, this quest is non-certified. Claimant underwent left stellate ganglion sympathetic block under ultrasound guidance on XXXX. As per the guideline, in the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased ROM, pain and medication use reduction, and increased tolerance of activity and touch is documented to permit participation in physical therapy/occupational therapy. However, the documentation does not substantiate increased ROM, medication use reduction and increased tolerance of activity and touch to permit participation in physical therapy/occupational therapy. Also, sympathetic blocks are not a stand-alone treatment. Therefore, the request for left stellate ganglion block with ultrasound is not medically necessary at this time and is non-certified. Therefore, the prior determination is upheld.

Per ODG:

Recommendations (based on consensus guidelines) for use of sympathetic blocks (diagnostic block recommendations are included here, as well as in CRPS, diagnostic tests):

- (1) There should be evidence that all other diagnoses have been ruled out before consideration of use.
- (2) There should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled.
- (3) If a sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that skin temperature after the block shows sustained increase ($\geq 1.5^{\circ}$ C and/or an increase in temperature to $> 34^{\circ}$ C) without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should occur. This is particularly important in the diagnostic phase to avoid overestimation of the sympathetic component of pain. A Horner's sign should be documented for upper extremity blocks. [Successful stellate block would be noted by Horner's syndrome, characterized by miosis (a constricted pupil), ptosis (a weak, droopy eyelid), or anhidrosis (decreased sweating).] The use of sedation with the block can influence results, and this should be documented if utilized. ([Krumova, 2011](#)) ([Schurmann, 2001](#))
- (4) Therapeutic use of sympathetic blocks is only recommended in cases that have positive response to diagnostic blocks and diagnostic criteria are fulfilled (See #1-3). These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacologic therapy and physical rehabilitation.
- (5) In the initial therapeutic phase, maximum sustained relief is generally obtained after 3 to 6 blocks. These blocks are generally given in fairly quick succession in the first two weeks of treatment with tapering to once a week. Continuing treatment longer than 2 to 3 weeks is unusual.
- (6) In the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/ occupational therapy. Sympathetic blocks are not a stand-alone treatment.
- (7) There should be evidence that physical or occupational therapy is incorporated with the duration of symptom relief of the block during the therapeutic phase.
- (8) In acute exacerbations of patients who have documented evidence of sympathetically mediated pain (see #1-3), 1 to 3 blocks may be required for treatment.
- (9) A formal test of the therapeutic blocks should be documented (preferably using skin temperature). ([Burton, 2006](#)) ([Stanton-Hicks, 2004](#)) ([Stanton-Hicks, 2006](#)) ([International Research Foundation for RSD/CRPS, 2003](#)) ([Colorado, 2006](#)) ([Washington, 2002](#)) ([Rho, 2002](#)) ([Perez, 2010](#)) ([van Eijs, 2011](#))

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**