CASEREVIEW
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March 19, 2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
XX XX Block

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This physician is a Board Certified Orthopedic Surgeon with over 16 years of experience.

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]:
On XXXX, the XXXX year-old XXXX claimant presented to XXXX for follow up on left wrist swelling and lump. XXXX was XX postop excision of the nerve lateral antebrachial cutaneous being caught in the scar tissue post excision of a XX. XXXX indicated XXXX wanted to do a nerve tube, but it was not agreed upon. XXXX reported burning pain along that area. XXXX has been tried on XX and XX, with XX working the best. XXXX has injected the flexor tendon sheath of XXXX middle finger, which helped it for about three weeks, but the trigger finger returned. XXXX also injected the XX in the distal forearm. The pain is gone and has stayed gone. XXXX still complains of ulnar nerve pain along the ulnar side of XXXX forearm. Assessment: Synovitis and Tenosynovitis-Left Forearm; XX-Left Wrist; Trigger Finger-Left Middle Finger. Plan: To continue the splint at night and send XXXX for a XX block to see what kind of benefit XXXX gets from it. It would be both therapeutic and diagnostic.

On XXXX, XXXX performed a UR. Rationale for Denial: Understanding there was a normal physical examination, noting this was surgically treated, there is no specific objective clinical data presented to suggest the need for a stellate ganglion block. Therefore, based on the limited information presented for review and incorporating the specific parameters noted in the Official Disability Guidelines, this is not warranted.

On XXXX, XXXX wrote an appeal letter in which XXXX stated that XXXX could not say for certain how much, if any, of XXXX pain has a sympathetic overlay without doing the sympathetic ganglion block. If it takes care of the burning, it would be in XXXX best interest to have perhaps a couple of the blocks to see if this would stop the sympathetic reaction. If XXXX has no change in the burning that is

present, and yet got a good sympathetic block, this would indicate that there is no sympathetic component involved.

On XXXX, XXXX performed a UR. Rationale for Denial: Understanding the clinical presentation is a symptomatic, noting that there are no specific findings to suggest a sympathetic component to this pain complaint, it would appear the requesting provider is approaching this as a diagnostic endeavor without any objective clinical basis. Therefore, when considering the specific parameters noted in the ODG, and understanding that there is no evidence of this situation make the appropriate criteria there is a lack of objective clinical data to suggest the need for this injection protocol. As such, this request is not medically necessary.

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

The request for a stellate ganglion block is denied.

The Official Disability Guidelines (ODG) supports sympathetic blocks when all other sources of pain have been ruled out. The Budapest (Harden) criteria should be met prior to the block. These criteria require at least one objective sign and one subjective complaint consistent with sympathetic mediated pain.

This claimant continues to have pain in the ulnar aspect of XXXX forearm, following recent nerve surgery, tendon injections and medication. The current physical examination is normal, without any positive signs that would be consistent with a sympathetic source of pain. Following XXXX recent treatments, up-to-date electro diagnostics are required to rule out peripheral nerve disease and/or cervical radiculopathy.

The XX block is not medically necessary based on the records reviewed.
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 (≥ 1.5° C and/or an increase in temperature to > 34° 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 medicated 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)**