INDEPENDENT REVIEWERS OF TEXAS, INC.

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX XX XX block XX

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

MD, Board Certified Anesthesiology

REVIEW OUTCOME:

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

X 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]:

The patient is a XXXX whose date of injury is XXXX. The patient underwent XX XX XX block on XXXX. Follow up note dated XXXX indicates that the patient is seen in follow up after XX XX XX block. XXXX states XXXX XX definitely got warmer and has had less pain in it since the injection in XXXX. XXXX does continue to have overall dysfunction of XX XX XX. XXXX reports having more problems with XX XX and to a lesser extent the XX XX. XXXX describes the problem as continued XX pain with feeling XX. On physical examination XXXX has not decreased XXXX medication usage, but has not required any increases either. The XX XX XX has some XX of the XX compared to the XX, but both are quite XX and XX to XX. There is slight XX in the XX XX. There is no XX-XX XX of the XX aspect of the XX which has occurred with this patient in the past. Follow up note dated XXXX indicates that XXXX XX are doing better overall. On physical examination XXXX has some XX of the XX at XX XX. There is continued XX of the XX of the XX XX, XX XX than XX. Follow up note dated XXXX indicates that XXXX states XXXX XX XX is doing better than on XXXX last visit but it is still painful. XXXX has had some increasing symptoms in XXXX XX and feels like the condition is now affecting XXXX XX. XXXX is having return of pain into the XX XX XX and would like to have another XX XX block if possible. Examination of the XX XX XX reveals some XX that XXXX states is from grabbing XXXX XX to try and help the pain, particularly at

night. XXXX did not have the same XX on the XX XX. XXXX XX is XX and somewhat XX without the XX XX that XXXX sometimes has on the XX of XXXX XX. Follow up note dated XXXX indicates that exam reveals tenderness patient is very anxious concerning XXXX potential for treatment moving forward. XXXX XX on the XX XX is XX on both XXXX XX and XX. XXXX XX are quite XX in spite of the XX temperature being very XX. The initial request was non-certified noting that there is insufficient documentation of a minimum of XX% pain relief with prior XX XX blocks. Substantial functional improvement after the noted XX XX procedure is not outlined. Without evidence of XX for this procedure, repeat XX XX block in the XX is not supported per guidelines. Previous denial notes that XXXX had a XX XX block and no percentage of relief or length of time of relief was documented.

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

Based on the clinical information provided, the request for XX XX XX block XX is not recommended as medically necessary and the previous denials are upheld. The Official Disability Guidelines note that 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. XX blocks are not a stand-alone treatment. The submitted clinical records indicate that the patient has undergone prior XX XX XX block; however, the patient's objective functional response to prior procedures is not documented to establish efficacy of treatment and support additional blocks. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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**
- **X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- **X 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)**

Official Disability Guidelines Treatment Index, 23nd edition online, 2018-Pain Chapter updated 07/10/18

CRPS, sympathetic blocks (therapeutic) Recommend local anesthetic sympathetic blocks for limited, select cases, as indicated below. Not recommend IV regional anesthesia blocks.
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 XX (XX) criteria have been evaluated for and fulfilled.

(3) If a XX block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that XX XX 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. XX XX sign should be documented for XX XX XX. [Successful XX block would be noted by XX syndrome, characterized by XX (XX XX XX), XX (XX XX, XX XX), or XX (XX XX).] The use of sedation with the block can influence results, and this should be documented if utilized. (Krumova, 2011) (Schürmann, 2007)

(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 XX 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) (IRF for RSD or CRPS, 2003) (Colorado, 2006) (Washington, 2002) (Rho, 2002) (Perez, 2010) (van Eijs, 2011)

Local anesthetic sympathetic blocks:

Recommended for limited, select cases, primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy/ functional restoration. When used for therapeutic purposes the procedure is not considered a stand-alone treatment. The role of sympathetic blocks for treatment of CRPS is largely empirical (with a general lack of evidence-based research for support) but can be clinically important in individual cases in which the procedure ameliorates pain and improves function, allowing for a less painful "window of opportunity" for rehabilitation techniques. (Harden, 2013) Use of sympathetic blocks should be balanced against the side effect ratio and evidence of limited response to treatment. See CRPS, diagnostic tests.

IV regional anesthesia: Not recommended due to lack of evidence for use. This procedure is a technique that allows placement of medications directly in the effected extremity but current literature indicates efficacy is poor. (Harden, 2013) There is no role for IV diagnostic blocks with XX or XX with XX. Other procedures include IV regional blocks with XX, XX-XX-XX, XX, XX, XX, XX XX, and XX. If used, there must be evidence that current XX criteria have been met and all other diagnoses have been ruled out. Evidence of sympathetically mediated pain should be provided (see the recommendations below). The reason for the necessity of this procedure over-and-above a standard sympathetic block should also be provided. (Perez, 2010) (Harden, 2013) (Tran, 2010) See also CRPS, treatment.

General information on sympathetic procedures

Current literature: A recent study indicated that there was low-quality literature to support this procedure (some evidence of effect, but conclusions were limited by study design, divergent CRPS diagnostic criteria, differing injection techniques and lack of consistent criteria for positive response). Results were inconsistent and/or extrapolation of questionable reliability with inconclusive evidence to recommend for or against the intervention. (Dworkin, 2013) Other studies have found evidence non-conclusive for this procedure or that low-quality evidence showed this procedure was not effective. (O'Connell, 2013) (Tran, 2010) The blocks are thought to be most beneficial when used early in the disease as an adjunct to rehabilitation with physical or occupational therapy. No controlled trials have shown any significant benefit from sympathetic blockade. (Dworkin 2013) (O'Connell, 2013) (Tran, 2010) (van Eijs, 2012) (Perez,

2010) (van Eijs, 2011) (Nelson, 2006) (Varrassi, 2006) (Cepeda, 2005) (Hartrick, 2004) (Grabow, 2005) (Cepeda, 2002) (Forouzanfar, 2002) (Sharma, 2006)

Historical basis for use: The use of sympathetic blocks for diagnostic and therapeutic purposes in the management of XX is based on a previous hypothesis concerning the involvement of the XX XX system in the XX mechanism of the disease. (van Eijs, 2012) It has been determined that a sympathetic mechanism is only present in a small subset of patients, and less than 1/3 of patients with XX are likely to respond to XX blockade. See XX maintained pain (XX).

Predictors of response: Researchers have suggested the following are predictors of poor response to blocks: (1) Long duration of symptoms prior to intervention; (2) Elevated XX levels; (3) Poor XX XX; (4) XX; (5) XX and XX. At this time there are no symptoms or signs that predict treatment success. (Hartrick, 2004) (Nelson, 2006) (van Eijs, 2012)

Interpretation of block results: There is a lack of consensus in terms of defining a successful sympathetic block. Based on consensus, a current suggestion of successful block is one that demonstrates an adequate and sustained increase in skin temperature ($\geq 1.5°$ C and/or an increase in temperature to $> 34°$ C) without evidence of thermal or tactile sensory block. A Horner's sign is should be documented for XX XX blocks.