

**IMED**  
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**08/13/2018**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Left lumbar sympathetic block

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

Board Certified in Anesthesiology and Pain Medicine by the American Board of Anesthesiology

**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]:**

This case XXXX currently diagnosed with complex regional pain syndrome of the left lower leg and long-term use of opioid analgesics. The office visit note from XXXX notes that the patient chronic pain to left lower extremity secondary to complex regional pain syndrome. The patient has a spinal cord stimulator in place. The patient also has exacerbation of XXXX RSD symptoms. In the past XXXX always had lumbar facet blocks periodically to help with the exacerbation of XXXX pain and left leg. Pain was described as burning and sharp and worse with activity including walking. The last synthetic block was in XXXX of last year. This provided XXXX with 4-5 months of 80-85% pain relief. Second complaint is pain to the battery site of the spinal cord stimulator. The patient reports 50% relief from the spinal cord stim later. Pain was a 5/10. On examination, there was erythematous left knee. The skin was mottled in appearance on the left side compared to the right. The battery was superficial and was about a quarter of a centimeter below the level of the skin. Edges were prominent on the corners of the IPG the skin appeared to be atrophic and white. The patient was to receive a repeat lumbar synthetic block.

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

The Official Disability Guidelines noted therapeutic use of sympathetic blocks are only recommended in cases that have positive response to diagnostic blocks diagnostic criteria are fulfilled. These blocks are only recommended if there is evidence of lack of response to conservative treatment including pharmacological therapy and physical rehabilitation. Therapeutic phase repeat block 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 is documented to permit participation in physical therapy/Occupational Therapy. Synthetic blocks are not extended on treatment. The patient indicates patient previously underwent a sympathetic block provided 4-5 months of pain relief at 80-85%. However, the patient's evidence of increased range of motion, pain medication reduction and increased activity tolerance and touch was not indicated in the physical examination provided for review. Also, there was no indication that patient was undergoing physical therapy/occupation therapy at the same time. Therefore, requested left lumbar synthetic block is not medically necessary.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES, Pain, CRPS, sympathetic blocks (therapeutic)**