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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
XX XX (XX sympathetic) nerve block, XX,XX,XX

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
American Board of Physical Medicine & Rehabilitation
American Board of Pain Medicine

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

☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XXXX who was injured on XXXX, when XXXX. XXXX.

On XXXX, the patient was seen at XXXX. The patient complained of pain in the XX shoulder. X-rays of the XX shoulder were unremarkable. The diagnosis was XX shoulder soft tissue injury with sprain.

From XXXX, the patient was seen by XXXX for XX arm pain.

From XXXX the patient attended multiple physical therapy (PT) sessions at XXXX for XX shoulder pain.

On XXXX, a magnetic resonance imaging (MRI) of the XX shoulder performed at XX showed shallow XX measuring 15 mm x 7 mm with tiny focal linear component extending into the substance of the XX XX.

On XXXX, the patient was evaluated by XXXX for XX shoulder pain and stiffness in the XX

From XXXX, the patient attended PT sessions at XXXX.

On XXXX, an MRI of the XX XX performed at XXXX showed relatively XX XX disease. There was prominent central XX canal likely present at the XX-XX level.

From XXXX, the patient was seen by XXXX for XX strain, XX C7 radiculopathy and XX shoulder strain.

On XXXX, XXXX, completed a peer review.

On XXXX., performed a designated doctor's evaluation (DDE). XXXX assessed the patient had not reached maximum medical improvement (MMI) and expected to reach MMI on XXXX.

On XXXX, an MRI of the brain/head performed at XXXX XX. There were XX changes. MRI head CSF flow study from the same date indicated XX flow identified at the level of the XX of XX.

On XXXX, XXXX, completed a record review. The patient was placed at MMI on XXXX, with XX person impairment.

On XXXX, the patient underwent a functional XX

On XXXX, XXXX performed XX.

On XXXX, XXXX, performed Post XX

On XXXX, the patient attended two PT sessions at XXXX.

On XXXX, the patient was seen by XXXX, for evaluation of the XX shoulder. On examination, there was some discoloration on the XX shoulder with XX. The diagnoses were XX shoulder rotator cuff tear and complex regional pain syndrome (XX). The treatment recommendations included surgical intervention for shoulder and referral to Pain Management for consideration of XX blocks.

On XXXX, XXXX completed peer review. XXXX opined the ODG would not support additional diagnostics, injections, surgery, work hardening/conditioning, DME products, or ongoing prescription medications at this time as related to the work incident.

On XXXX, the patient underwent rotator cuff repair and single tendon tenotomy by XXXX.

From XXXX, the patient was seen by XXXX for postoperative follow-ups. The patient continued to report pain in the XX. On XXXX, the patient underwent PT at XXXX.

On XXXX, XXXX, performed DDE.

On XXXX, the patient was seen by XXXX for XX and XX arm pain. The examination of the

XX XX was unremarkable. On exam, the XX shoulder had tenderness to palpation, allodynia over the XX shoulder and arm and decreased range of motion (ROM). There was XX, XX and XX over the XX shoulder. The XX shoulder was colder than XX. The patient met XX for diagnosis. The diagnoses were XX, XX XX and chronic XX shoulder pain. XXXX recommended XX XX nerve block (NB) under ultrasound with PT. XXXX and XX cream were prescribed.

On XXXX, the patient was seen by XXXX for the persistent problem in the XX arm. XXXX opined the patient would benefit from stretching exercises and then XX XX blocks to manage XX.

On XXXX, XXXX, completed a peer review. XXXX opined the patient was now greater than five months status post work incident that produced soft tissue strains and has undergone appropriate active treatment per ODG criteria as related to the work incident. The patient appeared to have reached MMI as related to that work incident, and no additional active treatment appeared reasonable per ODG criteria. The ODG would support a return to productive employment, home exercise, an over-the-counter analgesic and the occasional use of an over-the-XX if effective. The ODG would not support additional diagnostics, injections, surgery, work hardening/conditioning, DME products, or ongoing prescription medications at the time as related to the work incident.

Per Utilization Review dated XXXX, the request for XX (XX Sympathetic) NB with fluoroscopy and sedation was not certified. Rationale: "*In this case, the patient suffered an injury and subsequently developed XX of the XX XX extremity. The patient has failed prior physical therapy, as well as other conservative measures. Although there is documentation of a sympathetic pain syndrome, the provider is requesting a series of six (6) blocks, which is not recommended as there must be documentation of efficacy prior to proceeding with repeat injections. In addition, the provider is requesting sedation, which is not recommended for routine pain management procedures unless there is documentation of severe medical or psychiatric comorbidity. Overall, medical necessity of all of the requests is not established*."

On XXXX was notified about the denial.

Per Utilization Review dated XXXX, the request for XX (XX Sympathetic) NB with fluoroscopy and sedation was not certified. Rationale: "*According to the submitted medical record and my conversation with XX, the patient does not satisfy the ODG Treatment Index criteria for a series of therapeutic XX XX blocks. In particular, XXXX has not had a XX block with a positive response. Furthermore, there is no necessity for fluoroscopy or any other imaging modality since XX XX blocks are normally done solely by reference to anatomical landmarks. Finally, sedation is unnecessary for this brief relatively superficial injection*."

On XXXX, XXXX completed DDE. The patient could return to light duty work.

From XXXX, the patient underwent multiple PT sessions at XXXX consisting of therapeutic exercises, neuromuscular re-education and manual therapy.

On XXXX, an IRO was performed. The request for XX XX (XX Sympathetic) NB was upheld on the basis of following rationale: "*The Official Disability Guidelines note that complex regional pain syndrome sympathetic blocks are recommended if there is evidence that all other diagnoses have been ruled out and that there is evidence of the Budapest hardening criteria has been evaluated for prefilled. The documentation indicates the patient did have findings of complex regional pain syndrome on examination. The patient has completed conservative treatment. The documentation fails to demonstrate that the patient has had a diagnostic XX XX block with a positive response. There was no clear rationale for the requested sedation as sedation with the block can influence results. Therefore, the request for XX Nerve Block (XX sympathetic) 1 x week x 6 weeks; Fluoroscopy; Sedation is not medically necessary, and the prior determination is upheld*."

On XXXX performed Post-DD RME. XXXX opined the extent of injury did not extend to the diagnosis of XX.

Per a correspondence from XXXX, there was a causal relationship between the patient's current condition of XX and work-related injury.

On XXXX, the patient was seen by XXXX for persistent pain in the XX shoulder. The diagnoses were XX shoulder status post rotator cuff repair, postoperative capsulitis and XX. On XXXX, the steroid injection was administered in the XX shoulder. Referral to Pain Management for consideration of XX XX was provided.

On XXXX, the patient was seen by XXXX for evaluation of XX pain and XX of the XX arm. The pain radiated from the XX to the XX shoulder. There was decreased ROM, skin mottling, trophic changes, temperature changes and XX. The was interfering with the patient's quality of life and decreasing daily living activities. The patient was not considered a candidate for any XX surgery. On exam, the XX shoulder had tenderness with allodynia over the XX shoulder and arm. There was decreased ROM of the XX shoulder and elbow. There were positive XX and swelling throughout the shoulder. The XX shoulder was colder than right. The examination of the XX XX showed decreased ROM and tenderness to palpation over the XX XX paraspinals. Only one XX without any imaging guidance or sedation was approved by the carrier, but due to the danger associated with the XX block, it was not performed. XXXX recommended series of XX XX a week for XX weeks of which XX would be diagnostic and if syndrome improved then XX be therapeutic. These blocks should be followed with aggressive PT. Current medications were continued.

On XXXX, a preauthorization request for XX NB under fluoroscopy and sedation was placed.

On XXXX, XXXX performed a DDE. On exam, there was tenderness over the origins of XX extending down the XX side of the XX throughout the body of the XX. There was XX on XX, XX aspect of the shoulder, XX aspect of the elbow, XX of the forearm, palm and XX fingers. There was still some XX notable about the XX shoulder. The XX hand and forearm were cooler to palpation XX. The active ROM of the XX shoulder was decreased in all planes. There was some tightness about the XX elbow. XXXX assessed the patient was not at MMI. The patient had improved considerably over the past XX months and might reach MMI within next XX

months

Per Utilization Review dated XXXX, the request for XX (Sympathetic) NB with fluoroscopy and sedation was certified.

On XXXX performed XX under ultrasound guidance.

On XXXX the patient was seen by XXXX for discomfort in the shoulders and a lot of pain in the XX. The examination showed internal rotation somewhere around the XX-XX kind of range which was an improvement in forward elevation. There was some tightness in the XX muscle groups on XX the shoulders. XXXX opined the patient did get a positive response with the XX and recommended four weeks of therapy. XXXX was prescribed.

On XXXX, the patient was evaluated by XXXX for persistent pain in the XX radiating to the XX shoulder. The patient reported that immediately after the XX the patient had no spasm or burning pain. The patient had stiffness and severe pain into shoulder, XX and head on the next day of the block which lasted for a week. The patient had an overall 20% of relief and no increase in activities of daily living (ADLs) with the XX XX NB. The patient reported having fibromyalgia which could be the cause of increased pain. XXXX opined XX was best treated with aggressive PT which was made possible with blockade of the painful sympathetic nerves. XX patient who were treated more quickly during the course of the disease had better chances of reversal of the painful syndrome. So a series of XX XX blocks were still recommended. PT was ordered.

On XXXX, a Notice of Adverse Determination indicated a request for XX XX XX (XX sympathetic) NB was noncertified. Rationale: *"In this case, the provider is requesting a repeat XX XX block. The prior injection only led to a 20% improvement in pain with no improvement in functionality. As such, this request is not medically necessary*."

On XXXX, the patient attended PT at XXXX.

Per Reconsideration dated XXXX, the request for XX XX XX (XX Sympathetic) NB was upheld on the basis of following rationale: "*The patient has clinical findings and history of surgical trauma to support a diagnosis of XX. The repeat injection is not supported; however, as it provided very little in the way of therapeutic benefit and did not even reduce XXXX pain by more than 20% so another injection is not indicated as per ODG criteria. While local anesthetic only was used, the local response should have been much greater than 20% relief to verify it was relevant."*

On XXXX performed Post-DD RME. The patient complained of cramping and burning in the mid XX traveling down the XX XX extremity. The patient had occasional numbness in the XX nerve distribution. The patient was still weak in the arm and hand. The pain level was 6/10. The pain was worse with activity and lack of sleep. The examination showed discomfort on palpation of the XX XX paraspinals and XX XX. There was 50% of the XX active ROM globally secondary to pain prominently on the XX side. There was tenderness over the XX periscapular region. There was a decreased sensation in the XX XX nerve distribution from the

elbow down. The patient reported a burning sensation over the XX XX and XX aspect of the XX forearm. There was no focal or diffuse motor deficits of the XX XX extremity. XXXX assessed the patient had reached statutory MMI on XXXX, with 17% whole person impairment.

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

ODG for XX XX blocks: Recommendations (based on consensus guidelines) for use of sympathetic blocks: (1) In the initial diagnostic phase if less than 50% improvement is noted for the duration of the local anesthetic, no further blocks are recommended.

It is documented that the patient experienced 20% improvement from the XX XX block under US guidance. The improvement was <50%, thus no further blocks are recommended. It does not meet the ODG criteria for therapeutic blocks. It is not medically necessary at this time.

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

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**