blue of california

Medical Policy

Regional Sympathetic Blocks	
Type: Medical Necessity/Not Medical Necessity	**Policy Specific Section:** Surgery
Original Policy Date: March 5, 2012	**Effective Date:** July 3, 2013

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California / Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

A regional sympathetic block (Stellate Ganglion Block [SGB] and Lumbar Sympathetic Block [LSB]) refers to an injection of local anesthetic along the sympathetic ganglia of the anteriolateral aspect of the spinal column under fluoroscopy to reduce sympathetic nervous system (SNS) activity related to the affected limb.

A sympathetic nerve block involves injecting an anesthetic medication around the sympathetic nerves in the low back or neck. By doing this, the SNS in that area is temporarily 'switched' off in hopes of reducing or eliminating pain. If pain is substantially improved after the block, then a diagnosis of sympathetically mediated pain (SMP) is established. The therapeutic effects of the anesthetic can occur, at times, longer than would be normally expected. The goal is to reset the sympathetic tone to a normal state of regulation. If the initial block is successful, then additional blocks may be repeated if the pain continues to sequentially diminish.

Policy

Diagnostic Regional Sympathetic Blocks

The performance of an initial diagnostic regional sympathetic block (stellate ganglion block [SGB] and lumbar sympathetic block [LSB])* to allow the attending physician to determine whether the patient has sympathetically mediated pain may be considered **medically necessary** when **all** of the following criteria are met:

- Diagnosis of Complex Regional Pain Syndrome (CRPS)
- Conventional first-line pain management strategies (e.g., oral medications, physical therapy, or occupational therapy) have failed to diminish or eliminate the patient's pain
- Patient is capable or actively involved in a rehabilitation program
- Performed using fluoroscopic guidance

Additional diagnostic regional sympathetic blocks to allow the attending physician to determine whether the patient has sympathetically mediated pain may be considered **medically necessary** when **all** of the following criteria are met:

- A positive response to diagnostic regional sympathetic blocks when there is at least 50% reduction in the patient's pain and improvement in function for the duration of the local anesthetic used
- Patient is capable or actively involved in a rehabilitation program
- Performed using fluoroscopic guidance
- Up to 3 additional blocks when performed within the first two weeks following the initial diagnostic injection

*Note: Regional sympathetic blocks for the treatment of indications, other than CRPS (e.g., vascular or visceral pain) or the use of other techniques (e.g., intravenous, percutaneous) will be reviewed on a case-by-case basis for medical necessity. See Policy Guideline for further information.

Therapeutic Regional Sympathetic Blocks

Therapeutic regional sympathetic blocks (stellate ganglion blocks [SGB] and lumbar sympathetic blocks [LSB])* may be considered **medically necessary** when **all** of the following criteria are met:

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- Documented evidence of a positive response from the initial diagnostic block(s) indicating that the patient has sympathetically mediated pain when **any** of the following are met:
    - Pain reduction of at least 50% reduction in the patient's pain and improvement in function
    - Decreased use of pain medication
    - Increased functional abilities
    - Increased tolerance to touch (decreased allodynia) during the rehabilitation program
- Patient is capable or actively involved in a rehabilitation program
- Performed using fluoroscopic guidance
- Up to an additional 6 therapeutic blocks when performed at a frequency of one time per week

A repeat series of therapeutic regional sympathetic blocks (stellate ganglion blocks [SGB] and lumbar sympathetic blocks [LSB]) will be reviewed on a case-by-case basis for medical necessity. See Policy Guideline for further information.

* Note: Regional sympathetic blocks for the treatment of indications, other than CRPS (e.g., vascular or visceral pain) or the use of other techniques (e.g., intravenous, percutaneous) will be reviewed on a case-by-case basis for medical necessity. See Policy Guideline for further information.

Regional sympathetic blocks are considered **not medically necessary** for **any** of the following:

- If less than 50% improvement is noted for the duration of the local anesthetic when performing a diagnostic block
- Blocks which are performed in patients who are not capable or who are not actively involved in an active rehabilitation program
- Performance of regional sympathetic blocks without the use of fluoroscopic guidance

Note: If another spinal procedure (e.g., epidural steroid injection, facet joint injection or nerve block, SJI) is performed on the same day of service as an RSB, both procedures will be reviewed for medical necessity based on applicable Blue Shield Medical Policy criteria. (See Index/Cross Reference Section of Related BSC Medical Policies in the Appendix).

Policy Guideline

There are limited cases whereby regional sympathetic blocks may be requested for other pain diagnoses, other than CRPS, (e.g., migraines, neuralgia or neuropathic pain, cancers or non-cancer pain of the abdomen, rectum, thorax, head and neck, and lower limb pain) and performed in other than the cervical or lumbar regions (SGB and LSB). These types of blocks include, but are not limited to:

- Sphenopalatine ganglion blocks
- Thoracic sympathetic chain blocks
- Celiac plexus (e.g., pancreatic cancer pain) region

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- Superior hypogastric plexus
- Impar ganglion (e.g., perineal pain)

In rare and select cases where a patient requires a sympathetic block, and there is an absolute contraindication, other approaches including intravenous and percutaneous techniques may be used for diagnosis and treatment. Due to potential severe complications, these cases will be reviewed on a case to case basis for medical necessity.

At this time, there is no consensus about the optimum technique, interval between blocks, and duration of treatment (Menon & Swanepoel, 2010).

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review

• History and physical and/or consultation notes
  o Conservative treatment(s), duration, and patient response
  o Functional limitation(s)
  o Prior procedures and response(s) (if applicable)
• Electrodiagnostic studies (if applicable)
Post Service
• Procedure reports

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.

Click here to view the appendix for this policy

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