# CLINICAL GUIDELINES

## CMM-209: Regional Sympathetic Blocks

Version 1.0

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Clinical guidelines for medical necessity review of Comprehensive Musculoskeletal Management Services.

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## Definitions

- **Regional sympathetic blocks** (i.e., Stellate Ganglion Blocks and Lumbar Sympathetic Blocks) refer to the injection of local anesthetic along the sympathetic ganglia of the under fluoroscopy to reduce sympathetic nervous system activity. A diagnostic regional sympathetic block is considered positive when there is significant reduction in pain and improvement in function for the duration of the local anesthetic used.
- **Complex Regional Pain Syndrome (CRPS)** is defined by the International Association for the Study of Pain (IASP) as a variety of painful conditions following injury which appear regionally having a distal predominance of abnormal findings, exceeding in both magnitude and duration the expected clinical course of the inciting event and often resulting in significant impairment of motor function, and showing variable progression over time. In addition to injury, CRPS can also occur as a result of various medical disorders or illnesses.

## General Guidelines

This guideline does not apply to injections/blocks of other autonomic nerves (e.g. sphenopalatine ganglion, carotid sinus, superior hypogastric plexus, celiac plexus, Gasserian ganglion [trigeminal nerve], splanchnic nerve, Ganglion of Impar, rami communicans).

- The determination of medical necessity for the performance of regional sympathetic blocks is always made on a case-by-case basis.
- Regional sympathetic blocks should be performed using fluoroscopy.
- Due to insufficient evidence that regional sympathetic blocks (Stellate Ganglion Blocks and Lumbar Sympathetic Chain Blocks) performed as an isolated treatment alter the long term outcome of CRPS, all regional sympathetic blocks in recalcitrant cases of CRPS should be performed with the intent of facilitating involvement and advancement in an active rehabilitation/functional restoration program.

## Indications

- The performance of an initial diagnostic regional sympathetic block is considered **medically necessary** to establish the presence or absence of sympathetically mediated complex regional pain syndrome (CRPS) when **ALL** the following diagnostic criteria for CRPS are met:
  - Continuing pain that is disproportionate to any inciting event
  - Must report at least one (1) of the symptoms in the following categories:
    - Sensory: reports of hyperesthesia
    - Vasomotor: reports of temperature asymmetry, skin color changes, and/or skin color asymmetry
    - Sudomotor/edema: reports of edema, sweating changes, and/or sweating asymmetry
    - Motor/trophic: reports of decreased range of motion, motor dysfunction (weakness, tremor, dystonia), and/or trophic changes (hair, nail, skin).



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- Must display at least one (1) of the signs on physical examination in **TWO or MORE** the following categories:
  - Sensory: evidence of hyperalgesia (to pinprick) and/or allodynia (to light touch)
  - Vasomotor: evidence of temperature asymmetry, skin color changes, and/or asymmetry
  - Sudomotor/edema: evidence of edema, sweating changes, and/or sweating asymmetry
  - Motor/trophic: evidence of decreased range of motion, motor dysfunction (weakness, tremor, dystonia), and/or trophic changes (hair, nail, skin).

- Following a positive initial diagnostic block, three (3) additional regional sympathetic blocks, performed within the first two (2) weeks of the initial block, may be considered **medically necessary** to diagnose the individual's pain and obtain a therapeutic response.
  - A positive response is defined as at least 50% reduction in pain and improvement in function for the duration of the local anesthetic used.
- Additional therapeutic regional sympathetic blocks are considered **medically necessary** when provided as part of a comprehensive pain management program and **ALL** of the following criteria are met:
  - Decreased use of pain medication
  - Increased functional ability (e.g., increased range of motion, strength, and use of the extremity in activities of daily living)
  - Increased tolerance to touch (e.g., decreased allodynia)
  - Ongoing participation in an active rehabilitation program
  - Performed at a frequency of no more than one time per week
  - No more than six (6) total therapeutic blocks
- Not to exceed ten (10) sympathetic blocks in the prior twelve (12) months

## Non-Indications

- Regional sympathetic blocks are considered **not medically necessary** for each of the following:
  - When the individual is not capable of participating or is not involved in an ongoing active rehabilitation program
  - Without the use of fluoroscopic guidance
  - No significant reduction in pain and no improvement in function for the duration of the local anesthetic following the diagnostic block
  - A repeat therapeutic block when there is no decrease in use of pain medication, increase in functional ability, and increase of tolerance to touch



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## Procedure (CPT®) Codes

| This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required. | |
|---|---|
| **CPT®** | **Code Description/Definition** |
| **64510** | Injection, anesthetic agent; stellate ganglion(cervical sympathetic) |
| **64520** | Injection, anesthetic agent; lumbar or thoracic(paravertebral sympathetic) |
| This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the health plan and is based on the individual's policy or benefit entitlement structure as well as claims processing rules. | |

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