1. **Purpose**

The purpose of this policy is to establish criteria for the medical necessity of regional sympathetic blocks (Stellate Ganglion Blocks and Lumbar Sympathetic Chain Blocks).

2. **Definitions**

2.1. Regional sympathetic blocks (Stellate Ganglion Blocks and Lumbar Sympathetic Blocks) refer to the injection of local anesthetic along the sympathetic ganglia of the anterolateral aspect of the spinal column under fluoroscopy to reduce sympathetic nervous system activity related to the affected limb.

2.2. Complex regional pain syndrome 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. The diagnostic criterion for CRPS are as follows:

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

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3. Statement of Policy

3.1. The determination of medical necessity for the use of regional sympathetic blocks (Stellate Ganglion Blocks and Lumbar Sympathetic Chain Blocks) is always made on a case-by-case basis.

3.2. Regional sympathetic blocks should be performed using fluoroscopy. Performance of regional sympathetic blocks without the use of fluoroscopic guidance **is considered not medically necessary**.

3.3. The performance of a diagnostic regional sympathetic block **may be considered medically necessary** for a patient who has been diagnosed with complex regional pain syndrome. A positive response is considered when there is at least 50% reduction in the patient’s pain and improvement in function for the duration of the local anesthetic used. If less than 50% improvement is noted for the duration of the local anesthetic, further blocks **may be considered not medically necessary**.

3.4. When performing repeat regional sympathetic blocks, a trial of up to three (3) additional blocks should be performed in the first two (2) weeks of treatment following the initial diagnostic injection. Continuation of the therapeutic blocks, up to a total of six (6) therapeutic blocks, should only be undertaken if there is documented evidence of pain reduction, decreased use of pain medication, increased functional abilities (including, but not limited to range of motion, strength, and use of the extremity in activities of daily living), or an increased tolerance to touch (decreased allodynia) during the rehabilitation program. The additional blocks should be performed at a one (1) time per week frequency.

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3.5. Based on the fact that there is no quality evidence that regional sympathetic blocks (Stellate Ganglion Blocks and Lumbar Sympathetic Chain Blocks) as an isolated treatment alter the long term outcome of CRPS, all regional sympathetic blocks in recalcitrant cases of CRPS should be performed in those patients who may benefit from block to facilitate involvement and advancement in an active rehabilitation/functional restoration program. Regional sympathetic blocks which are performed in patients who are not capable or who are not actively involved in active rehabilitation program may be considered not medically necessary.

4. References

4.1. Scientific:

The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding regional sympathetic blocks (Stellate Ganglion Blocks, Thoracic Sympathetic Blocks and Lumbar Sympathetic Chain Blocks) and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


• Cohen M, Quintner J. Fibromyalgia syndrome, a problem of tautology. Lancet 1993; 342: 906–9


• Harden R, Bruehl S, Galer B, et al. Complex regional pain syndrome: are the IASP diagnostic criteria valid and sufficiently comprehensive? Pain 1999; 83: 211–9


4.2. Related Triad Medical Policies:

- TMMP 18 – Medical Necessity

**CPT Codes**

This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>64510</td>
<td>Injection, anesthetic agent; stellate ganglion (cervical sympathetic)</td>
</tr>
<tr>
<td>64520</td>
<td>Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.
Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
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<tbody>
<tr>
<td>06/23/2014</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §4.1. Scientific references revised to include “Stanton-Hicks M. In: Wakefield CA, Bajwa JH. Principles and Practice of Pain Medicine. 2&lt;sup&gt;nd&lt;/sup&gt; ed.2004 which is footnoted in association with §2. Definitions.</td>
</tr>
<tr>
<td>08/06/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes to policy text.</td>
</tr>
<tr>
<td>07/25/2011</td>
<td>Level 1, 2, 3</td>
<td>§3 added information for Medicare and Medicaid NCD/LDC. Added CPT code table</td>
</tr>
<tr>
<td>03/09/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes</td>
</tr>
<tr>
<td>03/18/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>02/18/2009</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>

Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.