

## Blocks for Sympathetically Mediated Pain

It has come to the Division's attention that some patients with sympathetically mediated pain may not be receiving sympathetic blocks as treatment due to a misinterpretation of the current guidelines. Sympathetically mediated pain is an accepted diagnosis. Refer to CRPS/RSD Medical Treatment Guidelines, p. 19. It is defined as pain which responds to diagnostic sympathetic blocks resulting in a 50% decrease in pain maintained for the minimal period of time expected given the anesthetic agent used. Because non-therapeutic blocks can produce a placebo reduction in pain, it is necessary to repeat the initial block with an anesthetic of a shorter or longer therapeutic duration to confirm the diagnosis. Refer to CRPS/RSD Medical Treatment Guidelines, p. 11-12. It is expected that the majority of cases with suspected CRPS or sympathetically mediated pain will receive diagnostic sympathetic blocks.

When the diagnosis of sympathetically mediated pain is confirmed, therapeutic blocks can be performed if the patient understands and agrees that the purpose of the block is not permanent pain relief, but rather relief provided in order to participate in active therapy programs. Blocks may be repeated when functional benefit is demonstrated. Examples of functional benefit include; return to work or maintaining work status; fewer restrictions at work or when performing activities of daily living (ADL); decrease in usage of medications, especially opioids; and measurable functional gains, such as increased range of motion or documented increase in strength. Visual analog scales (VAS) provide important subjective data but are not an appropriate measure of function. Refer to CRPS/RSD Medical Treatment Guidelines, Section H. 5 for further details regarding therapeutic blocks, and Section J. for details regarding post MMI treatment. These sections should apply to sympathetically mediated pain.

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