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DATE OF REVIEW: 12/26/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Heated pool

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This case was reviewed by a Texas licensed MD, specializing in Physical Medicine & Rehabilitation.

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Heated pool	E1399	Upon approval	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Documentation;	Date:
Agreed decision and order to determine diagnosis of complex regional pain syndrome –	02/22/07
Prescription for heated pool –MD	04/24/07
Letter of medical necessity for pool/spa- MD	06/12/07
Letter of medical necessity for light-weight wheel chair –MD	09/05/07
Office Visit –MD	09/19/07
Letter of medical necessity for pool/spa –MD	10/04/07
Office Visit –MD	10/15/07
Letter of appeal for denial of heated pool –	10/23/07
Office Visit –MD	10/29/07
Letter of medical necessity – MD	11/01/07
Physician Review recommendation for Utilization review for heated pool -	11/01/07
Utilization review determination – Adverse determination for heated pool – ODG guidelines and criteria included –	11/02/07
Office Visit –MD	11/19/07
Physician Review recommendation for Utilization review for heated pool -	11/30/07
Utilization review appeal determination – adverse determination for heated pool – ODG guidelines and criteria included –	12/03/07

PATIENT CLINICAL HISTORY [SUMMARY]:

Reportedly, the claimant is a xx-year-old female, with a date of injury of xx/xx/xx. She has been given the diagnosis of “complex regional pain syndrome (CRPS)” of the right lower extremity.

This disputed service, is a heated swimming pool.

On 09/04/2007, the initial denial for the requested heated pool stated, “While psychologically pleasurable, for the public at large, use of a heated pool confers no scientifically proven advantages over use of other local heat applications”.

The requested, heated pool was denied on appeal, noting the ODG criteria “do not indicate a heated swimming pool as being medically appropriate.”

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

This request for a heated swimming pool does not fall within the Evidence-Based, Medical Guidelines. I agree with the reviewing physicians, specifically, “While psychologically pleasurable, for the public at large, use of a heated pool confers no scientifically proven advantages over use of other local heat applications”.

CRPS (complex regional pain syndrome), Treatment:

Recommended hierarchy of options as indicated below. The goal is to improve function. Multiple pathophysiological mechanisms are responsible including neuropathic (sympathetic and independently-maintained pain), and immunologic (regional inflammation and altered human leukocyte antigens). Both peripheral sensitization and central sensitization have been proposed. (Ribbers, 2003) (Stanton-Hicks, 2006) There are no evidence-based treatment guidelines but several groups have begun to organize treatment algorithms.

Recommendations:

1. Rehabilitation:

(a) Early stages: Build a therapeutic alliance. Analgesia, encouragement and education are key. Physical modalities include desensitization, isometric exercises, resisted range of motion, and stress loading. If not applied appropriately, PT can actually be detrimental.

(b) Next steps: Increase flexibility with introduction of gentle active ROM and stretching (to treat accompanying myofascial pain syndrome). Other modalities may include muscle relaxants, trigger point injections and electrical stimulation (based on anecdotal evidence). Edema control may also be required (elevation, retrograde sympathetic blocks, diuretics and adrenoceptor blockers when sympathetically maintained pain-SMP is present).

(c) Continued steps: Continue active ROM; stress loading; scrubbing techniques; isotonic strengthening; general aerobic conditioning; and postural normalization.

(d) Final steps: Normalization of use; assessment of ergonomics, posture and modifications at home and work. In some cases increased requirements of analgesic medications, psychotherapy, invasive anesthetic techniques and SCS may be required. See CRPS, spinal cord stimulators.

2. Psychological treatment: Focused on improved quality of life, development of pain coping skills, cognitive-behavioral therapy, and improving facilitation of other modalities. (a) Early stages: education. (b) Next steps: clinical psychological assessment (after 6 to 8 weeks): identification of stressors; identification of comorbid Axis I psychiatric disorders (depression, anxiety, panic and post-traumatic stress).

3. Pain management:

(a) Pharmacological: antidepressants (particularly amitriptyline); anticonvulsants (particularly gabapentin); steroids; NSAIDS; opioids; calcitonin; α_1 adrenoceptor antagonists (terazosin or phenoxybenzamine). The latter class of drugs has been helpful in SMP. Clonidine has been given transdermally and epidurally. (See CRPS, medications.)

(b) Minimally invasive: depends on degree of SMP, stage of rehabilitation (passive or active movement), and response to blocks. (See CRPS, sympathetic blocks.) Responders to sympathetic blocks (3 to 6 blocks with concomitant PT) may be all that is required. For non-responders somatic block or epidural infusion may be required to optimize analgesia for PT.

(c) More invasive: After failure of progression or partial relief, consider tunneled epidural catheters for prolonged sympathetic or somatic blocks or neurostimulation with SCS in CRPS-I and II. See CRPS, spinal cord stimulators. Also consider peripheral nerve stimulation in CRPS-II and intrathecal drug delivery in patients with dystonia, failed neurostimulation, long-standing disease, multi-limb involvement and requirement of palliative care.

(d) Surgical: Sympathectomy is not generally recommended, but has been considered in patients that respond to sympathetic blocks. Pre-procedure the patient should have outcomes assessed with radiofrequency and neurolytic procedures. (See CRPS, sympathectomy.) Motor Cortex Stimulation has been considered.

Outcome measures for all treatments of CRPS: Objective measures such as the McGill Pain Questionnaire-Short Form, the Pain Disability Index, the Beck Depression Inventory, Treatment Outcomes in Pain Survey, and the State Trait Anxiety Inventory. See Psychological evaluations. See also CRPS, diagnostic criteria; CRPS, medications; CRPS, prevention; CRPS, sympathetic blocks; & Sympathetically maintained pain (SMP). See also Spinal cord stimulators (SCS).

I recommend upholding the denial.

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

ODG:

ODG Guidelines / Integrated Treatment/Disability Duration Guidelines / Pain (Chronic) / CRPS (complex regional pain syndrome), Treatment

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: the Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 12/26/2007.