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Notice of Independent Review Decision

DATE OF REVIEW: November 13, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ketamine infusion, CPT 96365, J2001 x 50, and 96366.

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

M.D., Board Certified in Internal Medicine.

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

I have determined that the requested ketamine infusion, CPT 96365, J2001 x 50, and 96366, is not medically necessary for the treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 10/21/13.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 10/23/13.
3. Notice of Assignment of Independent Review Organization dated 10/24/13.
4. Medical records dated 8/14/13.
5. Pre-authorization requests dated 8/21/13 and 8/29/13.
6. Denial documentation.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who presented to her provider on xx/xx/xx and reported generalized joint pain. She reported that Norco was not working. The patient's physical examination was unremarkable. The provider's impression was chronic pain syndrome and reflex sympathetic dystrophy of the lower extremity. The records noted that the patient had previously declined spinal cord stimulator implantation due to pain during placement of trial leads. The provider noted a history of failed physical therapy and multiple medications and recommended ketamine infusion. Coverage for ketamine infusion, CPT 96365, J2001 x 50, and 96366 has been requested.

The URA indicates that there is insufficient evidence to support the use of ketamine for the treatment of complex regional pain syndrome. Per the URA, Official Disability Guidelines (ODG) do not recommend ketamine infusion. On appeal, the URA noted that the safety of the long-term use of the drug has not been established, with evidence of potential neurotoxicity.

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

Per ODG criteria, the use of ketamine for chronic pain is under study, but further studies are needed to establish its safety and efficacy. ODG criteria do not support the requested medication in this clinical setting. In this patient's case, the specific treatment plan for use of this medication was not provided. Details regarding duration, frequency and dosing were not submitted. Additionally, the records provided for review do not support the presence of neuropathic pain. All told, ketamine infusion, CPT 96365, J2001 x 50, and 96366 is not medically necessary in this patient's case.

Therefore, I have determined the requested ketamine infusion, CPT 96365, J2001 x 50, and 96366, is not medically necessary for treatment of the patient's medical condition.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

- INTERQUAL CRITERIA**
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**