

**True Decisions Inc.**  
**An Independent Review Organization**

Phone Number:  
(512) 298-4786

512 W M L K Blvd. PMB 315  
Austin, TX 78701

Email: [truedecisions@irosolutions.com](mailto:truedecisions@irosolutions.com)

Fax Number:  
(512) 872-5099

## **Notice of Independent Review Decision**

### **Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Anesthesiology

### **Description of the service or services in dispute:**

Ketamine Infusion for bilateral lower extremities

**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)

### **Patient Clinical History (Summary)**

Patient is a female. On 10/15/13, an MRI of the left knee was obtained revealing findings consistent with cellulitis of the anterior soft tissues, post-surgical changes of a partial medial meniscectomy, medial compartment cartilage thinning, cartilage thinning of the patella, a small joint effusion and prominent signal in the body of the lateral meniscus with a possible tear. On 01/07/15, she was given a lumbar selective nerve root block to the right for a diagnosis of CRPS to the lower extremity. On 06/03/15, she was seen in clinic. She had complaints of knee pain to the left, right foot pain. It was noted she had surgery x 6 to the knee and lumbar sympathetic blocks x 3 on the left side and 2 on the right side all of which provided a great deal of relief. However her pain returned. A Ketamine infusion was recommended for long lasting relief for CRPS diagnosis.

**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

On 06/19/15, a utilization review determination letter was submitted for the requested Ketamine infusion for bilateral lower extremities and it was noted that the Official Disability Guidelines were used as a reference source, who indicate that Ketamine is not recommended as there was insufficient evidence to support the use of Ketamine for the treatment of CRPS. A peer-to-peer was performed, and it was noted that the provider had reported successful treatment of 7-8 patients with Ketamine but he did not have time to produce a paper regarding Ketamine use in CRPS and did not provide peer reviewed literature to support the requested treatment. Therefore the request was non-certified. On 07/10/15, a utilization review determination letter was submitted for the requested Ketamine and non-certified the request. The Official Disability Guidelines were used noting that Ketamine is not supported due to insufficient evidence for the use of Ketamine for the treatment of CRPS. The Official Disability Guidelines were used for this review, and it is noted that Ketamine is not recommended. It was further noted there is insufficient evidence to support the use of Ketamine for the treatment of CRPS and current studies are experimental and there is no consistent recommendation for protocols including infusion solutions in terms of milligram, kilogram or dosing per hour, duration of infusion time, when to repeat infusions and how many infusions to recommend or what outcome would indicate the protocol should be discontinued. Therefore it is the opinion of this reviewer that the request for Ketamine infusion for bilateral lower extremities is not medically necessary and the prior denials are upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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 and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)