



PROFESSIONAL ASSOCIATES

DATE OF REVIEW: 04/05/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Psychiatric services from 02/26/07 through 03/1/07

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

Board Certified in Psychiatry
Board Certified in Neurology in Psychiatry
Board Certified in Pain Medicine
American Society of Addiction 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Physician's orders from an unknown provider (the signature was illegible) dated 02/20/07, 02/21/07, 02/22/07, 02/23/07, 02/24/07, 02/25/07, 02/26/07, 02/27/07, 02/28/07, and 03/01/07,

Physician's orders from another unknown provider (the signature was illegible) dated 02/20/07

A psychiatric evaluation with M.D. dated 02/20/07

Evaluations with the unknown physician dated 02/20/07 and 02/21/07

Medication orders from R.N. dated 02/21/07

Nursing notes from Ms. dated 02/21/07

Social service progress notes from L.C.S.W. dated 02/21/07 and 02/27/07

Treatment team meetings with the unknown provider, Mr. and an unknown nurse (the signature was illegible) dated 02/22/07, 02/23/07, 02/24/07, 02/25/07, 02/26/07, 02/27/07, and 02/28/07

Nursing notes with the unknown nurse dated 02/22/07, 02/23/07, 02/24/07, 02/25/07, 02/26/07, 02/27/07, and 02/28/07

A social service progress note from L.P.C. dated 02/24/07

A case manager note from dated 02/26/07

An inpatient peer to peer worksheet from Ms. dated 02/26/07

A letter of non-approval from dated 02/26/07

Discharge orders from the unknown physician dated 02/28/07

Nursing discharge plans from the unknown nurse and Mr. dated 03/01/07

A physician review from M.D. dated 03/02/07

A letter of denial from dated 03/02/07

An outline for acute inpatient treatment from on an unknown date

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was placed in Hospital as an inpatient. On 02/20/07, Dr. requested therapy and medications. Group therapy was performed with Mr. on 02/21/07. Group therapy was also performed with Ms. on 02/25/07. On 02/26/07, wrote a letter of non-authorization for inpatient treatment starting on 02/26/07. Family therapy was performed with Mr. on 02/27/07. On 03/01/07, the patient was discharged from the hospital. On 03/02/07, Dr. denied further inpatient treatment. On 03/02/07, Ms. wrote a letter of denial for the treatment from 02/26/07 through 03/01/07.

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

The patient had significant depressive, manic, and attention deficit symptoms with multiple psychosocial stressors. In addition, the patient had significant polysubstance abuse. This included marijuana, cocaine, and ecstasy and alcohol. The documentation supported that this level of care was necessary through 03/01/07. There was active suicidal or homicidal ideation with plans and deterioration in function secondary to severe psychiatric symptoms and chemical dependency issues that significantly. Premature discharge of a 14-year-old adolescent in this case would not have been clinically indicated especially since multiple severe mood and behavioral issues persisted and because medications that were started would not be expected to take effect in more rapid timeframe.

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 AND KNOWLEDGE BASE
- 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 JUDGEMENT, 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)

American Psychiatric Association treatment guidelines for depression
http://www.psych.org/psych_pract/treatg/pg/Depression2e.book.cfm

Nationally recognized CIGNA behavioral health guidelines. The CIGNA Behavioral Health Level of Care guidelines incorporate the American Psychiatric Association's clinical practice guidelines.
Available at:

<http://apps.cignabehavioral.com/web/basic/site/provider/pdf/levelOfCareGuidelines.pdf> accessed January 3, 2006.

Nationally recognized Texas Commission on Alcohol and Drug Abuse (TCADA) Alcohol and Drug Level of Care Guidelines. Available at:

<http://www.ubhonline.com/html/guidelines/levelOfCareGuidelines/pdf/texasCommissionOnAlcohol.pdf> accessed January 3, 2006