

MATUTECH, INC.

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DATE OF REVIEW: APRIL 24, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Inpatient care at Clinic with M.D.
Disputed dates: 02/19/07 – 03/09/07

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

The physician providing this review is a child and adolescent psychiatrist. The reviewer is national board certified in adult psychiatry. The reviewer is a member of American Association of Child and Adolescent Psychiatrists. The reviewer has been in active practice for 13 years.

REVIEW OUTCOME

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

X Upheld (Agree)

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

Healthcare
Letter (03/20/07 - 04/03/07)
Utilization reviews (02/19/07 – 02/20/07)

Hospital
Admission notes (02/01/07 - 03/09/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a female who was diagnosed with obsessive compulsive disorder (OCD) and severe and recurrent major depressive disorder.

On February 1, 2007, M.D., a psychiatrist, noted the following: *The patient had OCD symptoms since age six, had attempted suicide on five occasions (last one in 2002), had trichotillomania, and was diagnosed with bipolar disorder along with OCD. Her medications were Lexapro, Topamax, trazodone, Seroquel, and Anafranil.* Dr. admitted her at Hospital for OCD program, trial of behavioral program, and evaluation of medication management. The estimated length of stay was 6-8 weeks.

On February 19, 2007, M.D., a psychiatrist, opined that patient's extension of care was not justified by the clinical data and her psychiatric symptoms were not severe enough to require diagnostic assessment and treatment in an inpatient setting after February 18, 2007.

On February 20, 2007, M.D., a psychiatrist, upheld the initial determination (giving the same rationale for denial). He added that the patient met criteria for outpatient treatment.

On March 9, 2007, the patient was discharged. She was able to challenge her OCD symptoms, and by the end of treatment had made excellent progress in therapy. During the hospital course, clomipramine was decreased to 150 mg from 375 mg; Seroquel was decreased to 100 from 200 mg; and Topamax was tapered and discontinued. She was discharged on Lexapro, clomipramine, Seroquel, and trazodone. Outpatient care with psychotherapy and psychiatric care was recommended.

On March 20, 2007, the patient's father and attorney, stated that patient's outpatient care by various doctors and providers had been unsuccessful in treating her OCD. The triggers to her OCD episodes and resultant rituals had truly incapacitated her. He appealed that patient's full inpatient treatment was medically necessary. In support, he provided a copy of an article on OCD.

On April 3, 2007, M.D., from Health Services, stated as follows: *Dr. and Dr. had opined that the patient should have been treated at partial hospitalization level of care or even the outpatient level of care after February 18, 2007. She had a supportive family, was managing her medications well, and was neither suicidal nor homicidal. Exposure therapy and medication management was available in patient's insurance network in her home region.*

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

THE MEDICAL RECORD INDICATES THAT MS. WAS NOT HOMICIDAL, SUICIDAL, PSYCHOTIC, OR PHYSICALLY REQUIRING 24 HOUR IN-PATIENT LEVEL OF CARE. SHE WAS FULLY COOPERATIVE WITH THE PROGRAM, HAD NO SUBSTANCE ABUSE ISSUES AND HAD A SUPPORTIVE FAMILY. NEITHER ATTENDING PHYSICIAN NOR TREATMENT TEAM PROVIDED ANY DOCUMENTATION SUPPORTING NEED FOR FURTHER IN-PATIENT LEVEL OF CARE OR ANY CONTRAINDICATIONS TO TREATMENT AT A LOWER LEVEL OF CARE.

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 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)