

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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DATE OF REVIEW: July 31, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Inpatient psychiatric treatment, December 16, 2006 to March 21, 2007

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

Board Certified by the American Board of Psychiatry and Neurology

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the URA include:

- M.D. xx/xx/xx, 3/22/07
- Clinic xx/xx/xx, xx/xx/xx, xx/xx/xx, xx/xx/xx, xx/xx/xx, xx/xx/xx, xx/xx/xx, xx/xx/xx, 12/04/06, 12/05/06, 12/06/06, 12/07/06, 12/08/06, 12/09/06, 12/10/06, 12/11/06, 12/12/06, 12/13/06, 12/14/06, 12/15/06, 12/16/06, 12/17/06, 12/18/06, 12/19/06, 02/21/06, 12/22/06, 12/23/06, 12/24/06, 12/25/06, 12/26/06, 12/27/06, 12/28/06, 12/29/06, 02/30/06, 12/31/06, 01/01/07, 01/02/07, 01/03/07, 01/04/07, 01/05/07, 01/06/07, 01/07/07, 01/08/07, 01/09/07, 01/10/07, 01/11/07, 01/12/07, 01/13/07, 01/14/07, 01/15/07, 01/16/07, 01/17/07, 01/18/07, 01/19/07, 01/20/07, 01/21/07, 01/22/07, 01/23/07, 01/24/07, 01/25/07, 01/26/07, 01/28/07, 01/29/07, 01/30/07, 01/31/07, 02/01/07, 02/02/07, 02/03/07, 02/04/07, 02/05/07, 02/06/07, 02/07/07, 02/08/07, 02/09/07, 02/10/07, 02/11/07, 02/12/07, 02/13/07, 02/14/07, 02/15/07, 02/16/07, 02/17/07, 02/18/07, 02/19/07, 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, 03/01/07, 03/02/07, 03/04/07, 03/05/07, 03/06/07, 03/07/07, 03/08/07, 03/09/07, 03/10/07, 03/11/07, 03/12/07, 03/13/07, 03/14/07, 03/16/07, 03/17/07, 03/18/07, 03/19/07, 03/20/07, 03/21/07, 03/22/07, 03/25/07, 06/27/07,
- RN. xx/xx/xx
- M.D. xx/xx/xx

- Chronology of Events, xx/xx/xx/, 12/04/06, 12/06/06, 12/08/06, 12/12/06, 12/15/06, 12/18/06, 12/26/06, 01/04/07, 04/19/07,
- xx/xx/xx
- Services, xxxxxx, 07/18/07,
- M.D. xx/xx/xx
- Ph.D. 03/06/07,
- xx/xx/xx
- Treatment Sheet 11/27/07
- 30 Day Physician Orders xx/xx/xx

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was a female with a history of depression and substance dependency who was admitted to the inpatient unit at Clinic on xx/xx/xx. She had previously received outpatient psychiatric treatment and psychotherapy and had also been enrolled in an intensive outpatient program for chemical dependency. At the time of admission, the patient was not noted to be suicidal, homicidal, or psychotic. She did have some neuro vegetative signs and symptoms of depression. She had not used illicit substances for approximately four weeks prior to admission. She was admitted to the unit and treated with medications and various forms of individual, group, and family psychotherapies. She was ultimately discharged on March 22, 2007. The patient's care was not authorized by the carrier as of December 16, 2006.

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

The medical records do not support that the patient met the medical necessity for continued stay at an inpatient level of care beyond December 15, 2006. There was no indication in the records of her having suicidal ideations, violent ideations, being psychotic, or indications of symptom severity that would necessitate 24-hour nursing supervision. She appeared to be compliant with treatment. Her family appeared to be supportive and engaged in the treatment. Thus, she does not appear to meet the criteria for continued inpatient stay as outlined in the Magellan medical necessity criteria which are consistent with national standards of care. Furthermore, the patient's substance dependency issues do not appear to meet the Texas Administrative Code criteria for a continued stay for inpatient clinical dependency treatment.

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)
Magellan Medical Necessity Criteria - 2007