DATE OF REVIEW: June 26, 2007

IRO Case #:

Review Outcome

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

Upheld

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.

Inpatient substance abuse rehab days 2/2/07 – 2/7/07 were not medically necessary.

Information provided to the IRO for review

Records from the State:

Notice of Case Assignment, 6/18/07 – 1 page
Confirmation of Receipt of Request for Review by an Independent Review Organization, 6/14/07 – 1 page
Company request for IRO, 6/14/07 – 3 pages
Request for Review by an Independent Review Organization, 6/7/07 – 3 pages
Letter from MD, 2/6/07 – 3 pages
Letter from LSW, 4/6/07 – 1 page
Letter from MD, 5/15/07 – 5 pages

Records from Aetna:

Letter from 6/18/07 – 2 pages
Notice of Assignment of Independent Review Organization, 6/18/07 – 1 page
Note to carrier/URA – 1 page
Letter from 6/7/07 – 1 page

Clinical Case Summary – 2 pages
Treatment Center Chart, 2/2/07 – 3/19/07 – 115 pages
criteria – 12 pages
Health Plan SPD – 74 pages
Texas Administrative Code – 46 pages

Patient clinical history [summary]

The patient is a male admitted to an ASAM level of care III.7 for treatment of cannabis and alcohol dependence. His drug of choice is cannabis and he indicated at the time of admission that his last use of alcohol was 3 days prior to admission. His UDS was positive for cannabinoids only. He used cannabis daily and said he drank 5-6 beers 2 or 3 times a week. He had had no prior substance abuse treatment and the precipitant for this admission was an arrest for possession the day prior to admission. These charges consisted of hashish possession rather than simple cannabis possession.He had no mental health diagnoses and the only noted medical problem was a fractured right index finger sustained in an MVA at some time in the recent past.

At the time of admission he had normal and stable vital signs and no signs or symptoms of withdrawal. He was placed on a CIWA related detoxification protocol nonetheless and said to have CIWA scores in the 12 to 15 range, although the contemporaneous charting did not support any signs of active withdrawal from alcohol and based on the history, none would be expected. He was never suicidal, parasuicidal, homicidal, manic, psychotic or impaired in performance of ADLs.

He was stepped down to a partial hospital level of care after 2/7/07 and was discharged from the facility on 3/19/07. At no time was he medically unstable or demonstrating elevated vital signs. Psychiatrically he never posed any risk to self or others, was never manic or psychotic and had good ADLs.

Question:
Do you uphold or overturn prior denials? Please give a clear detailed reason for your decision.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Do you uphold or overturn prior denials? Please give a clear detailed reason for your decision.

The prior denials are upheld. The patient was medically healthy and stable and never in acute withdrawal, having normal and stable vital signs. There were no comorbid medical problems of significance. He had had no prior substance abuse treatment. He was never suicidal, parasuicidal, homicidal, manic, psychotic or impaired in performance of ADLs. He could safely have been treated

at a lesser level of care on an outpatient basis. Inpatient substance abuse rehab days 2/2/07 – 2/7/07 were not medically necessary.

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

TCADA criteria
Health Plan SPD

American Society of Addiction Medicine Patient Placement Criteria Second Edition Revised