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IRO Certificate #

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IRO REVIEWER REPORT

DATE OF REVIEW: 3/30/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Inpatient psychiatric treatment

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

M.D. Board Certified in Psychiatry

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

Denial letters, 1/11/07, 2/16/07
case summary 3/7/07
Reviews 1/9/07, 2/7/07
Letter 1/30/07, Dr.
medical records 10/13/06 – 12/21/06

PATIENT CLINICAL HISTORY:

The patient is a female who was diagnosed with major Depression and Borderline Personality Disorder and was admitted for inpatient psychiatric treatment. She had been in outpatient individual treatment for four years. She had failed multiple psychiatric medication trials including Effexor, Cymbalta, Wellbutrin, Zyprexa, Depakote, and Lamictal. On Admission she was prescribed Prozac, Topamax, and Xanax. There had been some alcohol abuse, and there had been a DWI months prior. She was admitted due to severe depression, anxiety, and inability to function in college.

As an inpatient, she received multiple therapies and evaluations. Several medications were tried. She did poorly on Abilify, Rozerem, Lunesta and Prazosin. The discharge medications were Geodon, Prozac, Klonopin, Topamax, Sonata, and Hydroxyzine. She was discharged 12/21/06.

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

I disagree with the denial of inpatient care, and I agree with the denial of the inpatient level of care.

Admission was appropriate and medically necessary due to the severity of the patient's anxiety, depression and dysfunctional self-harm behavior. The medical records show that she often had irritable moods, anxiety, sadness, depression and hopeless ideation. Her behavior was initially isolative and oppositional to staff. She had a lot of somatic problems, with insomnia, headaches, nausea. The inpatient level of care was medically necessary to fully evaluate and stabilize the patient. The records indicate that this was relatively achieved after ten days. She could have been managed in partial hospital 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**

**X 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)**