

## Medical Review of Texas

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**DATE OF REVIEW:**            **MARCH 2, 2007**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Substance abuse residential treatment benefits at beginning

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

Physician Board Certified In General Psychiatry

**REVIEW OUTCOME**

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

- Upheld                            (Agree)
- X 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**

- History, Physical and Mental status examination
- Comprehensive assessment
- group notes
- The letter in support of IRO appeal request
- clinical summary
- IRO appeal acknowledgement letter
- Initial denial of authorization
- clinical guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male with a history of Polysubstance Dependence, Depressive Disorder, ADHD, Expressive Lange Disorder, and Disorder of Written Expression who was admitted to facility on for substance abuse residential treatment. The patient has been using marijuana and alcohol, both progressed to daily use. He is also using Xanax and cocaine. He has a history of several blackouts. After

one of the blackouts he had a burn on his arm but could not recall how he got it. There is a history of a suicide attempt via hanging. The belt buckle broke, he fell on the ground, and passed out. Later the patient stated that he wanted to die but "did not want to be dead forever." He has legal problems including being arrested for theft and stealing a car, he has stolen alcohol from a store, and was also arrested for possession of marijuana. His driver's license was suspended for one year due to the possession charge. The patient dropped out of school due to failing grades, and lost interest in school sports. His parents tried to home school him. He was skipping school, was fired from jobs, and refused to do household chores. He ran away from home, stayed with his drug using friends and was using drugs on a daily basis. The patient has had depression. He was treated with Zoloft, which helped, but he quit taking the medication after two months. He has been treated for ADHD since the first or second grade. The patient was initially treated with Adderall XR and then was prescribed Ritalin patches. His behavior has been increasingly irritable and moody. He had been punching holes in walls and has been progressively aggressive towards his parents. According to notes, the patient may have a bipolar disorder. The patient requested treatment at after unsuccessful attempts to stop using drugs on his own.

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

THE PATIENT HAS A HISTORY OF PROGRESSIVELY ESCALATING DRUG USE. HE EXPERIENCED BLACKOUTS, TOLERANCE TO DRUGS, FAILED ATTEMPTS TO STOP, AND USING ALONE. THE PATIENT RECENTLY RELAPSED AFTER SEVERAL MONTHS OF SOBRIETY. HE STATED HE WOULD BE USING IF HE WERE IN INTENSIVE OUTPATIENT TREATMENT. THE PATIENT HAS A CONFLICT WITH HIS PARENTS AND HIS OPPOSITIONAL BEHAVIOR IS EXCALATING WHICH IS EXPRESSED IN HIS RUNNING AWAY FROM HOME. HIS PARENTS FEEL HE NEEDS TO BE IN A MORE STRUCTURED ENVIRONMENT BOTH TO LEARN THE SKILLS AND TO STAY AWAY FROM USERS AND TO PREVENT MORE SERIOUS ILLEGAL BEHAVIORS. WHILE INTOXICATED, HE ENGAGES IN DANGEROUS BEHAVIORS, AS IN THE CASE WITH GETTING A BURN WITHOUT REMEMBERING IT. THE PATIENT'S IMPULSIVITY AND GENERALLY POOR INSIGHT, AS ILLUSTRATED BY ABOVE MENTIONED STATEMENT ABOUT INTENT TO DIE BUT NOT FOREVER, PUTS HIM AT INCREASED DANGER. THE PATIENT DEMONSTRATED REPEATED INABILITY TO CONTROL HIS IMPULSES TO USE DRUGS AND ALCOHOL AND IS IN IMMINENT DANGER OF RELAPSE AND RESULTANT HARM TO SELF OR OTHERS. THE PATIENT SUFFERS CO-MORBID PSYCHIATRIC ILLNESS: DEPRESSIVE DISORDER, ADHD, POSSIBLE BIPOLAR DISORDER. THE PATIENT HAS A CONFLICT WITH HIS PARENTS, SEVERE SOCIAL ISOLATION; MAIN SOCIAL CONTACTS ARE DRUG USERS. THUS HIS LIVING ENVIRONMENT IS SUCH THAT HIS ABILITY TO SUCCESSFULLY ACHIEVE ABSTINENCE IS JEOPARDIZED

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### **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)