



## IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081  
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584  
e-mail: imeddallas@msn.com

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### IRO REVIEWER REPORT

**DATE OF REVIEW:** 03/20/07

**IRO CASE NO.:**

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

Items in Dispute: Inpatient/residential substance abuse treatment through 02/21/07.

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

Texas License.

Diplomate of the American Board of Pain Medicine

Diplomate of the American Board of Psychiatry & Neurology in Psychiatry

Diplomate of the American Board of Quality Assurance & Utilization Review

American Society of Addiction Medicine

Health and Human Services certification for outpatient Suboxone detoxification.

**REVIEW OUTCOME:**

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

Overtured – Inpatient/residential psychiatric treatment approved from through 02/21/07.

**INFORMATION PROVIDED FOR THE IRO FOR REVIEW:**

1. xx/xx/xx – 02/21/07 –records, history, examinations.
2. 12/15/06 – Denial letter Group.
3. 01/04/07 – appeal.
4. 01/12/07 – review report.
5. 01/17/07 – Appeal denial letter.
6. 02/28/07-03/06/07 – TDI/IRO administrative paperwork.

**PATIENT CLINICAL HISTORY (SUMMARY):**

The patient was admitted. He was initially admitted for inpatient psychiatric care in. The patient had violated probation. The patient's drug of choice was marijuana. The initial diagnosis was cannabis dependence. Multiple other drugs have been used including cocaine. There was no history of previous lower levels of care such as partial hospitalization, intensive outpatient treatment, attendance at a 12-step program, or other support group.

During the course of admission, the patient developed significant thought disorder and a diagnosis of major depression with psychotic features was added on 12/11/06. The patient was started on Seroquel. There were significant anger outbursts with violent behavior. The patient continued to be in what appears to be significant denial, making references to planning on using marijuana after discharge.

Significant depressive symptoms with psychotic features emerged during this part of the admission, and Seroquel (an atypical antipsychotic) was progressively increased.

Multiple family meetings were held and significant conflict continued to be identified. Progress notes indicate that attempts to transfer to a lower level of care were addressed and multiple family meetings through January and February, 2007.

The patient was discharged on 02/21/07. According to a letter from the family, the patient was participating in intensive outpatient treatment, had remained sober, and was attending 12-step meetings. The patient was also in individual psychotherapy.

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

There were no documented lower levels of care such as intensive outpatient treatment, office-based treatment, partial hospitalization, daily attendance of Alcoholics Anonymous or Narcotics Anonymous with a sponsor, etc. prior to admission. However there was documented psychiatric instability that, as a comorbid condition, necessitated more intensive supervision in order to establish a workable chemical dependency recovery program at a less intensive level of care. Based on significant cognitive distortions that, in reasonable medical probability, are related to comorbid psychiatric diagnosis of major depression with psychotic features (dual diagnosis), expectation for success of the lower level of care prior to adequate stabilization could not be established. Documentation supports that the patient was discharged to a lower level of care as soon as possible. The clinical circumstance as it evolved necessitated 24-hour supervision.

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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

Level of Care guidelines incorporate the American Psychiatric Association's clinical practice guidelines. Available at

<http://apps.cignabehavioral.com/web/basic/site/provider/pdf/levelOfCareGuidelines.pdf>.

Accessed 01/03/06.

Nationally recognized Texas Commission on Alcohol and Drug Abuse (TCADA) Alcohol and Drug Level of Care Guidelines. Available at

<http://www.ubhonline.com/html/guidelines/levelOfCareGuidelines/pdf/texasCommissionOnAlcohol.pdf>.

Accessed 01/03/06.