
DATE OF REVIEW: 3/5/07; Addendum 3/14/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

This case concerns a female for whom coverage of the inpatient treatment that she received from xx/xx/xx to 10/11/06 has been requested. The Carrier has denied this request on the basis that it was not medically necessary for the member to have been treated at an inpatient level of care.

A review of the record indicates that the member has been diagnosed with posttraumatic stress disorder, major depressive disorder, recurrent, severe without psychotic features and substance abuse. She was admitted for inpatient treatment from to 10/11/06. The discharge summary from this admission indicated that on admission, she was continued on Ultram for pain and Ambien for insomnia. It also indicated that Lamictal was started. It noted that she met with a social worker several times per week and participated in other therapeutic interventions and individual psychotherapy. It also noted that she made significant progress with this treatment. The records from this admission were provided in the case file.

On 12/12/06, the member's mother wrote a letter in support of this request. This letter explained that the member has been suffering from major depression throughout her life. It provided information about the treatment she received. It provided information about the facility that provided the services at issue in this appeal. It explained that the member received intensive therapy on a short term basis and rapid adjustments in her medications. It also explained that she was in a safe environment and was protected from suicide attempts. It indicated that this treatment was helpful for the member.

The Carrier indicated that it was not medically necessary for the member to have been treated at an inpatient level of care. The Carrier explained that the member did not appear to be in any imminent danger of hurting herself or others at the time of this admission. The Carrier also explained that she did not appear to need 24 hour nursing supervision and could have been treated at an intensive outpatient level of care. The Carrier's criteria for coverage of psychiatric hospitalizations were included in the case file.

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

A practicing physician on the external review panel reviewed this case. This physician is board certified in psychiatry. The independent physician consultant, who is familiar with the medical management of patients with the member's condition, has examined the medical record and the arguments presented by the parties.

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

Information provided in the case file included forms related to the assignment of the external review, denial letters, review case summary, chronology of events, 2006 and 2007 criteria for psychiatric hospitalization, internal review file, letter from the member's mother dated 12/12/06, and medical records from the admission at issue in the appeal.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case concerns a who was admitted for inpatient treatment from xx/xx/xx to 10/11/06. This member has been diagnosed with posttraumatic stress disorder, major depressive disorder, recurrent, severe without psychotic features and substance abuse. At issue in this appeal is whether it was medically necessary for the member to have been treated at an inpatient level of care from xx/xx/xx to 10/11/06.

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

The physician consultant indicated that at the time of this admission for inpatient treatment, the member was not dangerous to herself or others. The physician consultant also indicated that she provided no history of prior suicidality and was not psychotic. The physician consultant noted that at the time of this admission, she was taking Ultram and Ambien. The physician consultant explained that all of the services she received while in the hospital, including medication adjustments and psychotherapy, could have been safely provided in a less intense setting such as a partial hospital program. Therefore, the physician consultant concluded that it

was not medically necessary for the member to have been treated at an inpatient level of care from xx/xx/xx to 10/11/06.

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)