



**Notice of Independent Review Decision
IRO REVIEWER REPORT – HEALTHCARE**

DATE OF REVIEW: 08/06/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Partial Hospitalization Substance Abuse Services From 05/28/10 Forward

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

Board Certified in Forensic Psychiatry
Board Certified in Addiction Psychiatry
Board Certified in Pain Medicine

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.

Partial Hospitalization Substance Abuse Services From 05/28/10 Forward – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- History, Physical & Mental Health Status Examination, 05/03/10
- Psychiatric Evaluation, 05/04/10
- Plan Report, 05/01/10
- DAP Notes, 05/01/10, 05/03/10, 05/05/10, 05/10/10, 05/12/10, 05/14/10, 05/18/10, 05/19/10, 05/20/10, 05/25/10, 05/26/10, 05/27/10, 05/31/10, 06/01/10, 06/02/10, 06/07/10, 06/08/10, 06/09/10, 06/13/10, 06/14/10, 06/15/10, 06/16/10,

- Complete Group Notes, 05/03/10, 05/04/10, 05/05/10, 05/06/10, 05/07/10, 05/08/10, 05/09/10, 05/10/10, 05/11/10, 05/12/10, 05/13/10, 05/14/10, 05/15/10, 05/16/10, 05/17/10, 05/18/10, 05/19/10, 05/20/10, 05/21/10, 05/22/10, 05/23/10, 05/24/10, 05/25/10, 05/26/10, 05/27/10, 05/28/10, 05/29/10, 05/30/10, 05/31/10, 06/01/10, 06/02/10, 06/03/10, 06/04/10, 06/05/10, 06/06/10, 06/07/10, 06/08/10, 06/09/10, 06/10/10, 06/11/10, 06/12/10, 06/13/10, 06/14/10, 06/15/10, 06/16/10, 06/17/10, 06/18/10, 06/19/10
- Physical Health Discharge Summary, 06/20/10
- Denial Letter, 05/31/10, 06/03/10
- Correspondence, 07/22/10
- 2010 Level of Care Guidelines, Substance Abuse, Undated

PATIENT CLINICAL HISTORY (SUMMARY):

The patient was admitted to for the treatment of chemical dependency. He had been using Xanax and marijuana daily and alcohol three to four times weekly. During the course of treatment, he was introduced to the Twelve Steps of Alcoholics and Narcotics Anonymous programs. He and his family participated in therapy sessions to focus on improving the relationship within the family and indentify co-dependent or enabling behaviors. He had been admitted to the Intensive Treatment Unit for his safety and the welfare of the community. He had displayed aggressive and abusive behaviors toward his peers, including sexual gestures and comments toward the female peers. He was completing his Step 3 and personal relapse prevention plan at the time of discharge.

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

The partial-hospitalization substance abuse services from 05/28/10 forward are not reasonable and necessary. The Letter of Appeal by the requesting provider for the dates of service of 05/28/10 forward do not provide specific information documenting the need for this level of care. The Letter of Appeal lists the diagnoses at the time of admission, and past psychiatric, drug, and behavioral problems. There is a notation of issues focused on in therapy and medication management, and on 05/26/10 there is a notation that the claimant required a brief “intensive treatment unit” for his safety and welfare. However, the Letter of Appeal is not specific to document the reasons this claimant requires a continued partial-day treatment program. Without clear rationale for this level of treatment, the claimant could have been treated at a lesser level of care. The criteria used are general medical criteria, as well as the partial- hospitalization day treatment criteria used by the insurer’s 2010 level of care guidelines for substance abuse, which clearly delineate the necessary requirements for partial hospitalization.

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)**