



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

DATE OF REVIEW: 07/12/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Inpatient Mental Health Treatment from 09/18/09 through 10/17/09

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

Diplomate, American Board of Pain Medicine

Diplomate, American Board of Psychiatry and Neurology in Psychiatry

Diplomate, American Board of Quality Assurance and 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:

- 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.

Inpatient Mental Health Treatment from 09/18/09 through 10/17/09 - UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a with long-standing (approximately three-year) psychiatric pathology including suicide attempts (self-mutilation by description), anorexia and bulimia behaviors, and significant developmental issues including but not limited to being adopted at 15 months old, and having had psychiatric problems since at least the 8th grade. As of September 17, 2009 the patient was taking Lexapro and Abilify, 15 mg and 5 mg respectively. She has been in outpatient treatment without any benefit. She has tried to herself by cutting and burning pulling out her hair biting herself and cutting herself with anything she can. Three weeks prior to the admission she apparently cut herself with a knife and apparently her mother didn't find out so she never got stitches. Four days prior to admission she overdosed on Advil PM. There was no trauma history. However she did feel like having her stomach pumped when she overdosed recently was traumatic.

She sees a counselor once a week and a psychiatrist once a month. It is unclear how Axis II pathology is apparently ignored.

Initial psychological evaluation documented a cordial. She is sexually active. There is history of one suicide gesture. She apparently ended up in the hospital had to be lavaged. Testing was consistent with depression. Self-harm is noted to the use to cope with feelings. This includes feelings of abandonment. However, no Axis II diagnosis is given. Multiple axis I diagnoses including social phobia major depression history of separation anxiety and multiple rule out diagnoses are given. There is no rationale for inpatient experience. Blood pressure and pulse were normal she weighed 142 pounds and is 5 feet 5 inches tall. Various treatment modalities were provided. Psychiatric progress notes did not reveal any dangerousness.

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

DETERMINATION: Deny inpatient admission September 18, 2009 through October 17, 2009

RATIONALE: Documentation is consistent with no acute suicidal or homicidal behavior. Documentation is replete with descriptions of self mutilating behavior being used to manage feelings. The patient has had problems with managing feelings since approximately 8th grade. There have been no suicidal or homicidal thoughts or overt psychosis at the time of the admission warranting inpatient stay. So even if the Axis I disorder is primarily a mood disorder inpatient level of care was not necessary.

CRITERIA USED:

<http://www.medscape.com/viewarticle/508832> for overview on borderline personality disorder in adolescence which fits this case.

<http://www.nimh.nih.gov/health/publications/borderline-personality-disorder-fact-sheet/index.shtml>

http://www.aacap.org/cs/root/member_information/practice_information/practice_parameters/practice_parameters

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct. If more information becomes available at a later date, an additional review may be requested. Such information may or may not change the opinions rendered in this evaluation.

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)