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**DATE OF REVIEW:** 03/25/2010; **AMENDED 3/26/2010**

**IRO CASE #:**

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

IRO - Residential Treatment for severe Depression from 11/19/09 - 12/17/2009

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

This case was reviewed by a licensed MD, specializing in Psychiatry. The physician advisor has the following additional qualifications, if applicable:

ABMS Psychiatry and Neurology: Psychiatry

**REVIEW OUTCOME:**

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

Overturned

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
IRO - Residential Treatment for severe Depression from 11/19/09 - 12/17/2009		-	Overturned <b>AMENDED 3/26/2010</b>

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

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Appeal Denial Letter	Treatment Center	8	11/20/2009	01/15/2010
2	IRO Record Receipt	Texas Department of Insurance	4	03/04/2010	03/04/2010
3	Office Visit Report	MD	1	01/13/2010	01/13/2010
4	IRO Request	TDI-WC	7	01/27/2010	03/05/2010
5	Psych Evaluation	Treatment Center	13	11/19/2009	11/23/2009
6	Psych Evaluation	Wellness, LLC	9	10/20/2008	11/18/2009

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who has a long history of migraine headaches since childhood. She is noted to suffer from low self-esteem, impulsivity, troubles with truancy, struggles in relationships with family and friends, defiant behavior, destructive behavior, suicidal ideation, drug/alcohol use, functional impairment, sleep disturbances, irritability, and labile mood. She has a history of depression with suicide attempts since age 14. Her biological mother and adoptive father divorced in 2008. She was noted to have witnessed an argument between her mother and adoptive father when he was intoxicated and attempted to push her mother out of a two-story building. As per the records, her adoptive father is noted to be openly unsupportive of her psychiatric treatment. She was not noted to have received any psychological treatment prior to Fall 2008. Psychological treatment was sought because she was noted to have acted inappropriately at school by removing her clothing and running around the classroom. Then on 11/9/09, she was noted to have taken 12-13 pills of Advil in an attempt to commit suicide. That day she missed school due to vomiting. She informed her mother of her actions the following day and an emergency meeting with her psychiatrist was set-up in order to evaluate her emotional status. The decline on 11/7/09 was felt to be attributed to a good male friend, who the claimant had developed romantic feelings for, but who had recently told the claimant that he had chosen to stay with his girlfriend. On 11/11/09, she informed her therapist that she had taken 5-6 pills of her migraine medication 30 minutes prior to their meeting. Her mother was informed of her actions and she was taken to the emergency room for further evaluation. She was referred for residential treatment from an outpatient therapist and psychiatrist due to the suicide attempt. On 11/12/09, her medications were noted include Ambilify 2.5 mg, Zoloft 100 mg, and Treximet (a migraine medication). As per her families psychological history her mother has a history of depression with attempted suicide. It is noted that the claimant's mother apparently met the claimant's father during a stay at a psychological treatment center but there is no indication that the claimant currently has a relationship with him. Her grandmother is also noted to be using anti-depressant medications. Her adoptive father has a history of anger management issues and her sibling has been treated for anger management issues and adjustment disorder. The claimant's AXIS I diagnosis is major depressive disorder, recurrent without psychotic features and somatization disorder. Her AXIS II diagnosis is to rule-out mixed personality features. On 11/19/09 she was admitted to Treatment Center for 30 days of residential treatment. Based on an 11/20/09 psychological evaluation, it is noted that the claimant "appears to be suitably placed in a secure residential treatment center. She should be evaluated for psychotropic medications to alleviate her depression and to improve control over her self-destructive impulses. She has the cognitive ability to benefit from insight-oriented psychotherapy. Individual psychotherapy should focus on working through her depression and anxiety, working through feelings about her stepfather, developing effective coping resources, and building a positive self-esteem. Group therapy would be helpful to improve her interpersonal skills. would also benefit from family therapy to improve communication and conflict resolution skills between her and her mother.

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

In review of the above, I do not agree with upholding the decision to deny 30 days of inpatient rehabilitation treatment starting on 11/19/09. Non-authorization of the above treatment was decided by previous reviewers. However, there claimant was suicidal and had made a second attempt despite signing a no-hurt contract. In my medical opinion, the claimant was exhibiting psychological symptoms requiring 24 hour monitoring. She attempted suicide on two occasions and required stabilization through monitoring, medication adjustment, and addressing self-destructive thoughts and/or behavior. Therefore, the 30 days of inpatient residential treatment would appear to have been medically reasonable and/or necessary in accordance with Magellan Mental Health Criteria.

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

Magellan Mental Health Criteria.

- 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)**

**TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS:** The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 03/25/2010; **AMENDED 3/26/2010.**