



# MedHealth Review, Inc.

661 E. Main Street  
Suite 200-305  
Midlothian, TX 76065  
Ph 972-921-9094  
Fax (972) 827-3707

## Notice of Independent Review Decision

**DATE NOTICE SENT TO ALL PARTIES:** 1/27/13

**IRO CASE #:**

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

The item in dispute is the concurrent medical necessity of in-patient services in Alcohol/chemical dependency from 7/11/12 to 7/23/12.

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

The reviewer is a Medical Doctor who is board certified in Psychiatry. The reviewer has been practicing for greater than 10 years.

### **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)

The reviewer agrees with the previous adverse determination regarding the concurrent medical necessity of in-patient services in Alcohol/chemical dependency from 7/11/12 to 7/23/12.

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

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed: 7/23/12 discharge summary (TNR), 7/11/12 initial history and physical forms from TNR, and 7/12/12 to 7/23/12 physician progress notes.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a white, single male who was admitted on 07/11/2012 for detoxification and rehabilitation treatment for alcohol abuse/dependence. He was discharged home with family on 07/23/2012.

Historically started using Alcohol @ age 16 years. His recent average use of alcohol has been 6 beers and/or 1/5th Liquor per day but date of very last use of alcohol not documented. He reportedly had DUI x3, MVA x3, multiple blackouts spells, but no past DT (delirium tremens), alcohol withdrawal reactions or seizures reported. No documentation was made available if had any past successful/failed alcohol rehabilitation treatment at any LOC (IP/PHP/IOP or OPT) in the past.

Admission H & P suggested his CBC and CMP were unremarkable and Blood alcohol level was not documented to be at intoxication level. Admission vital signs (BP:150/86 and HR 65) was not suggestive of any instability or withdrawal state. His physical examination was WNL and mental status examination was not suggestive of acute intoxication/delirium, even in absence of use of Institute's Benzodiazepine detox protocols, or presence of acute AH or VH or SI or HI that needed 24Hr IP care. This Utilization review has been requested to determine the medical necessity of admission to IP detox/rehab on 7-11-2012 and continued stay till 7-23-2012.

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

Based on the above review the reviewer is in agreement that admission on 7-11-2012 and continued IP stay till 7-23-2012 does not meet Utilization Criteria. Although the patient clearly met DSM IV-TR criteria for Alcohol abuse (not necessarily Alcohol Dependence, as noted in his Discharge summary, in absence of documented withdrawal reactions and/or DT) and needed help for his alcohol abuse. He would have been an ideal candidate for voluntary admission to any substance abuse rehabilitation center that offers PHP or IOP or OPT level of care which also could be considered as least restrictive care.

CRITERIA used for this Determination:

- 1) DSM IV-TR - American Psychiatric Association publication.
- 2) ASAM PPC II criteria – American Society of Addiction Medicine publication

**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)**

- 1) DSM IV-TR - American Psychiatric Association publication.
- 2) ASAM PPC II criteria – American Society of Addiction Medicine publication