

DATE: 10/15/14

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 10.15.14

IRO CASE #:

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

M.D., board certified in General Psychiatry and Child and Adolescent Psychiatry

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Continued stay at partial hospital program level of care; substance abuse – 7 days. It appears the last covered day was 05/07/14 and continued stay to 05/14/14 was denied.

REVIEW OUTCOME:

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

- Upheld** (Agree)
 Overtured (Disagree)
 Partially Overtured (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
	<i>Continued Stay</i>		<i>Retrospective</i>		<i>05/07/14 to 05/14/14</i>				<i>Upheld</i>

PATIENT CLINICAL HISTORY (SUMMARY):

This case represents a male who was diagnosed with alcohol dependency, bipolar, generalized anxiety disorder, and ADHD. He was admitted for residential level substance use treatment on 04/16/14. He was initially stepped down to partial hospital level of care on 04/22/14. It is noted that he had initially undergone inpatient detox at another facility for approximately one week. Prior history notes that he had a DWI in February of this year resulting in legal charges and suspension of his license.

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

The initial denial letter dated 05/07/14 from, a board certified child, adolescent, and adult psychiatrist, notes the following: "It is my determination that your treatment does not meet the medical necessity criteria for substance use disorder partial hospitalization per the UBH Level of Care Guidelines for Substance Use Disorder, partial hospital program, from 05/08/14 forward. You are not at serious risk of harm to self or others. You have no acute medical issues or withdrawal signs. You are participating in your recovery. It would appear that you could safely be treated at a lower level of care such as intensive outpatient treatment."

A follow up denial letter dated 05/09/14 Associate Medical Director and a board certified psychiatrist, notes the following: "Based upon the available clinical information, including a discussion with your provider's designee, and the UBH Level of Care Guidelines for Substance Use Disorder, partial hospitalization treatment, it is my determination to uphold the previous denial of substance use disorder partial hospitalization benefit coverage from 05/08/14 forward due to lack of medical necessity. You are not a danger to yourself or others. You do not have any severe symptoms or behaviors due to

your substance use that needs the amount of structure and monitoring available in a day treatment program. Inpatient care would not be required if you were not in day treatment. You have supportive family. You do not have any severe withdrawal symptoms or medical problems. It appears that your care can continue in a less restrictive setting such as substance use disorder intensive outpatient treatment."

Review of the physician and therapist notes from the treatment program: "Alternatives in Treatment, LLC" failed to identify medical necessity for partial hospital level of care after 05/07/14. The records do indicate a previous increase in the claimant's level of craving following discontinuation of naltrexone, but these had resolved prior to the date of denial of continuing medical necessity.

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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)