

Network Medical Review Co. Ltd. 1252 Bell Valley Road, Suite 210 Rockford, IL 61108



An ExamWorks Company

10/25/2023

Notice of External Review Determination

NMR has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, the IRO reviewed the medical records and documentation provided to the independent review organization (IRO) by involved parties.

Attached please find the determination. This determination is binding except to the extent that other remedies may be available under State or Federal law to either the group health plan or the claimant. Judicial review may be available to the claimant.

Sincerely, NMR An ExamWorks Company

cc: Anthem

Solacium Sunrise LLC



## Notice of Independent Review Decision

Re: IRO Case #:

10/25/2023

Anthem P.O. Box 105568 Atlanta, GA 30348

## This document contains important information that you should retain for your records.

Date that the IRO Received the Assignment: 9/28/2023

Date of IRO's Decision: 10/25/2023

Documents reviewed:

PROGRESS NOTES	Sunrise Residential Treatment Center	02/24/23-08/21/23 +Undated
PROGRESS NOTES	A. Deming, Ph.D.	04/07/23
PROGRESS NOTES	Crossroads Counseling Center	07/12/23
LAB	Beechtree Diagnostics	02/24/23-04/23/23
LAB	LabCorp	03/31/23
MISC		11/21/00-10/10/23 +Undated
ROI		07/13/23

After review of your clinical records, your medical history and physical examinations, supporting information, Plan provisions, and relevant guidelines and literature relating to the requested Inpatient Residential Psychiatric level of care for at Solacium Sunrise LLC starting on 04/24/2023., the NMR Psychiatry Board Certified Physician has determined and advised your plan carrier that the Inpatient Residential Psychiatric level of care for at Solacium Sunrise LLC starting on 04/24/2023 is medically necessary as such terms are defined in the plan.

Reason for Previous Denial: The most recent denial letter from Anthem, dated 05/01/2023, stated "We reviewed all the information that was given to us before with the first request for coverage. We also reviewed all that was given to us for the appeal. The request is for more residential treatment center care. You were getting treatment for your anxiety and mood. We understand that you would like us to change our first decision. Now we have new information from another telephone call with your treatment team. We still do not think this is medically necessary for you. We believe our first decision is correct for the following reason: The plan clinical criteria considers ongoing residential treatment medically necessary for those who are a danger to themselves or others (as shown by hearing voices telling them to harm themselves or others or persistent thoughts of harm that cannot be managed at a lower level of care). After the treatment you have received, the information we have does not show you are a danger to yourself



or others, or that you are having serious problems functioning such that you require 24 hour care. We based this decision on the MCG guideline Residential Behavioral Health Level of Care, Child or Adolescent (ORG: B-902-RES)."

Background Information: This is an 18-year-old female with a date of birth of patient has been diagnosed with major depressive disorder (MDD), generalized anxiety disorder (GAD), disruptive mood dysregulation disorder (DMDD), and substance abuse. The patient was admitted into a residential treatment center (RTC), due to a two (2)-year history of decline in functioning, irritability, conflict with parents, ongoing suicidal ideations, and substance abuse. The patient has been in a residential treatment center since 02/2023 for treatment of mental health and substance use issues. The treating provider is requesting continuation of RTC level of care (LOC) as it was denied, starting on 04/24/2023, which is currently under review.

Final External Review Decision: The requested Inpatient Residential Psychiatric level of care for at Solacium Sunrise LLC starting on 04/24/2023 is medically necessary as such terms are defined in the plan.

Findings: Based on recent and relevant peer literature, the Inpatient Residential Psychiatric level of care for this patient, starting on 04/24/2023, was medically necessary for this patient.

It is medically necessary for the patient to be treated at a residential treatment center (RTC) level of care (LOC). Based upon a review of the provided documentation, the patient continued to experience a variety of emotional, learning, mental health, and interpersonal problems, even after admission, starting in 02/2023. Prior to enrollment into a residential treatment center, the patient had a two (2)-year history of decline in functioning, irritability, conflict with parents, ongoing suicidal ideations, and substance abuse history.

Because of a dual diagnosis and multiple comorbidities, the patient is high-risk, as she continued to engage in potentially dangerous behavior, and often complained about suicidal thoughts, despite previous outpatient therapy, and other medical/behavioral interventions. In order to maintain the patient's safety and well being, long-term placement was sought.

The current level of care is needed to achieve significant and lasting improvement in the patient's condition. The patient has not responded positively to an alternative lower level of care and treatment options. As such, the denial of RTC LOC should be overturned as it is medically necessary for the patient in this case.

"An interdisciplinary approach is essential for the effective and successful treatment of MDD. Primary care physicians and psychiatrists, along with nurses, therapists, social workers, and case managers, form an integral part of these collaborated services. In the majority of cases, PCPs are the first providers to whom individuals with MDD present mostly with somatic complaints. Depression screening in primary care settings is very imperative. The regular screening of the patients using depression rating scales such as PHQ-9 can be very helpful in the early diagnosis and intervention, thus improving the overall outcome of MDD. Psychoeducation plays a significant role in improving patient compliance and medication adherence. Recent evidence also supports that lifestyle modification, including moderate exercises, can help to improve mild-to-moderate depression. Suicide screening at each psychiatric visit can be helpful to lower suicide incidence. Since patients with MDD are at increased risk of suicide, close monitoring, and follow



up by mental health workers becomes necessary to ensure safety and compliance with mental health treatment. The involvement of families can further add to a better outcome of the overall mental health treatment. Meta-analyses of randomized trials have shown that depression outcomes are superior when using collaborative care as compared with usual care." (Bains, N., & Abdijadid, S. 2023).

"Mood disorders are common psychiatric disorders associated with high morbidity and mortality. Educating the patients regarding the symptoms and timely treatment is mandatory for recovery from mood disorders. Psychoeducation is important for treatment adherence to medications and psychotherapy and continued engagement in treatment and reduced risk of relapse. At the time of discharge from in-patient facilities, the patients and the caregivers should be taught about the early warning signs of mood disorder relapse." (Sekhon, S.& Gupta, V. 2023).

"The common features of all the depressive disorders are sadness, emptiness, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function". (Chand SP, Arif H, Kutlenios RM., 2023).

## NATIONAL CRITERIA/LITERATURE:

Bains, N., & Abdijadid, S. (2023). Major Depressive Disorder. In StatPearls. StatPearls Publishing.

Chand, S. P., & Arif, H. (2023). Depression. In StatPearls. StatPearls Publishing.

Sekhon, S., & Gupta, V. (2023). Mood Disorder. In StatPearls. StatPearls Publishing.

I certify that I do not accept compensation for review activities that is dependent in any way on the specific outcome of the case. To the best of my knowledge, I was not involved with the specific episode of care prior to referral of the case for review. I do not have a material, professional, familial, or financial conflict of interest (financial conflict of interest is defined as ownership interest of greater than 5%) regarding any of the following: the referring entity; the insurance issuer or group health plan that is the subject of the review the covered person whose treatment is the subject of the review and the covered person's authorized representative, if applicable; any officer, director or management employee of the insurance issuer that is the subject of the review; any group health plan administrator, plan fiduciary, or plan employee; the health care provider, the health care provider's medical group or independent practice association recommending the health care service or treatment that is the subject of the review; the facility at which the recommended health care service or treatment would be provided; or the developer or manufacturer of the principle drug, device, procedure or other therapy being recommended for the covered person whose treatment is the subject of the review.

This attestation certifies that the peer reviewer has the appropriate scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review and has current, relevant experience and/or knowledge to render a determination for the case under review. The peer reviewer has 7 years of relevant experience managing this condition and has treated this condition within the last month.