

Notice of Independent Review Decision
Revised Decision
See correction to table, change "Upheld" to "Overturn"

REVIEWER'S REPORT

DATE OF REVIEW: 07/18/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Barium swallow and upper GI

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., with board certification in Internal Medication

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (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>
997.3	G0193		Prosp.						Overturn
692.9			Prosp.						Overturn
530.81			Prosp.						Overturn

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial 03/19/08 & 04/14/08 that include criteria used in the denial (ODG)
3. Correspondence from injured worker:
 - 06/03/08 to IRI
 - 04/02/08
4. Correspondence from treating doctor 09/21/07 & 05/14/08
5. Operative report (Colonoscopy) 05/12/08
6. Lab reports 01/25, 04/16 & 05/01/08
7. Surgery follow up visits 02/07/08 & 03/04/08
8. Pulmonology reports 12/28/07 & 02/06/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The clinical history of this injured worker is extensive and complicated. She suffered work-related injury in xx/xx due to inhalation of chemicals containing phosphoric acid and sodium metasilicate which resulted in burns and scars to her lungs and larynx. Records indicate she suffers with serious lung and larynx damage, reactive airways dysfunction, asthma, chronic tracheal bronchitis, pulmonary fibrosis, diaphragm paralysis, muscle tension dysphoria, GERD and loss of the ability to speak above a whisper. GERD aggravates the lung and larynx injury by aspirating stomach contents into her lungs. This continued to irritate the lesions in the upper airways and lungs. It is noted that she also suffers with post-traumatic stress, depression and anxiety. She has had numerous and lengthy hospital and emergency room visits for respiratory distress.

The patient had Lap Band procedure in March 2005 to control gastric reflux and to aid in weight reduction. She reports a 140-pound weight loss within one year, and maintained a 130-pound weight loss until September 2007. Her reflux medication was reduced and the redness and inflammation in her lungs were reduced.

She has had a recent flare of symptoms, with persistent hypoxemia and chest tightness. In December 2007 a treating doctor stated that it was possible she could be having some GI complications that can also mimic attacks of chest tightness, and recommended further evaluation and follow up for her gastroesophageal reflux disease and gastric banding procedure. An esophagogram done in 2008 failed to clearly show whether or not the Lap Band had slipped. This determination is important, as it may reflect the need for further surgery if indeed the band has slipped.

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

It would seem to me that the safest, lowest cost modality for determination of this would be a barium swallow/upper GI. Other options include endoscopy, which would be done at some risk in view of the presence of the Lap Band. CT scanning would be unlikely to further clarify the issue. The only other option would be direct observation at the time of laparoscopy or surgery. As noted above, the safest and least expensive way of determining whether or not the Lap Band has slipped is with use of barium swallow/upper GI.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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-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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)