

Notice of Independent Review Decision  
**AMENDED REPORT**  
 Failed to copy Texas Mutual Insurance Co. as an interested party  
 In the initial report.

**Reviewer's Report**

**DATE OF REVIEW:** 08/05/09

**IRO CASE #:**

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

Laparoscopic Nissen fundoplication

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.O., Board Certified, General Surgery

**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>
830.81	43280		Prosp.		06/15/09 – 08/15/09				Overturn

**INFORMATION PROVIDED FOR REVIEW:**

1. Case assignment
2. Letters of denial, 07/01/09 and 07/15/09 including criteria used in denial
3. Letter of Medical Necessity, 06/23/09
4. Office visits, 12/22/08 through 04/27/09, anesthesiologist and pain management physician
5. Exam and Work Status Report, 06/16/09
6. May 2009 hospitalization procedure and lab reports
7. Followup note, 06/05/09
8. CT scan report, 02/10/09
9. Initial exam, 03/20/07
10. Medical log and injured worker's notes from 04/08 through 06/24/09
11. Cervical spine MRI scan with contrast, 10/10/08
12. EMG/NCV, 11/16/08
13. Esophagogastroduodenoscopy procedure report, 04/03/09

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This is a xx y/o female who suffered a work-related injury when she fell from a platform in . She has undergone pain management since that time for lower back pain and hiatal hernia. Medications: Norco, Ambien & Lyrica. She underwent a 48-hour pH study in June 2009.

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

Based on the abnormal results of the 48-hour pH study and esophageal and all the above information provided to me regarding the injured employee, a Nissen fundoplication by laparoscopy is indicated at this time.

**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.)