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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/30/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Endoscopy 43239

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified Internal Medicine

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 2/26/09, 3/11/09
MD, 3/11/09, 2/6/09, 12/11/08, 11/13/08, 1/8/09
Doctor Note, 12/1/08, 11/12/08
Pathology, 12/12/08, 11/13/08

PATIENT CLINICAL HISTORY SUMMARY
The claimant has a history of benign esophageal stricture related to esophagitis. He has been treated with maximal acid suppression. He has undergone esophageal dilation four times from November 2008 to February 2009. There is no documentation of clinical response to these procedures.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The reviewer has consulted the applicable guidelines and the peer-reviewed medical literature concerning esophageal dilation for the treatment of esophageal strictures. Most benign strictures are related to acid reflux and esophagitis. Benign strictures of this type are managed by esophageal dilation combined with complete acid-suppression therapy. Response is measured by the patient's symptoms, with an end-point being resolution of dysphagia. If dysphagia recurs, repeat dilation should be performed according to the

guidelines. The records indicate this claimant has a complex, tight stricture and has undergone four dilations. However, the records provided do not discuss his response to these treatments. There is no mention of recurrent or persistent dysphagia. Based on this lack of documentation of clinical effect, further dilation is not indicated. The reviewer finds that medical necessity does not exist for Endoscopy 43239.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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

[X] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
Sleisenger & Fordtran's Gastrointestinal and Liver Disease, 8th ed.
Textbook of Gastroenterology, vols 1 & 2, 4th ed.

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)