

SENT VIA EMAIL OR FAX ON  
Oct/15/2009

## Applied Resolutions LLC

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Oct/14/2009

**IRO CASE #:**

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

Radiologic Examination, Esophagus

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

Reviewer is Board certified in Family Practice, CAQ in Sports Medicine

**REVIEW OUTCOME:**

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Denial Letters 8/10/09 and 8/31/09

Peer Reviews 8/8/09 and 8/26/09

Spine and Rehab 1/6/09 thru 7/7/09

Dr. 7/31/09 thru 9/16/09

OP Report 12/19/08

MRI 10/27/08

**PATIENT CLINICAL HISTORY SUMMARY**

The patient was injured originally in a work related injury on xx/xx/xx. She had an anterior discectomy and fusion of C4-7 on 12/19/08. On January 6, 2009, at her postoperative visit, the patient had normal swallowing and speech. Post-operative X rays in March of 2009 showed post op changes but no other abnormalities. In July of 2009, the patient first reported difficulty swallowing to the orthopedist saying that when she tries to sleep at night she has a sense of choking and she reported that if she eats spicy foods, she will begin to cough until she spits up mucous. At that time, neurological exam was normal and there was no neck masses palpated

Patient subsequently saw her primary care physician Dr. four times between July 31, 2009 and September 16, 2009 at which time she reiterated the swallowing and throat symptoms.

He did not document any physical exam and did not prescribe any treatment such as medications for gastroesophageal reflux.

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

In this case, the patient is complaining of swallowing symptoms and a choking sensation at times that does not correlate with physical findings of neck or neurological changes that would indicate this was related to her neck surgery. Instead, she describes a history that may be related to reflux or another swallowing or GI disorder. There are other steps that should be taken first and medications to address these possibilities. If the symptoms change or physical exam changes to indicate a relationship to the surgery then an esophagram may be clinically indicated. However, there is not clinical evidence or treatment evidence to make it necessary at this time.

**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

MEDICAL JUDGEMENT, 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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