Envoy Medical Systems, LP **PH: (512) 705-4647**
1726 Cricket Hollow Drive **FAX: (512) 491-5145**
Austin, TX 78758 **IRO Certificate #XX**

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Surgery Pre-op orders (XX), X
Pre-cert Requests (4), X XX Hospital, X
Physical Therapy Referral, not dated, X
Letter of Adverse Determination & Peer Review, X Indemnity/X, MD, X
Appeal Reply Letter & Peer Review, X Indemnity/X, MD, X
Status Report/Initial Evaluation/Work Status Report (2), X, X, MD, X, MD, X
New Patient History & Office Visit, Established Patient Office Visit/Follow up X, X
Office Visit for Second Opinion, X, MD, X XX XX/XX, X
MRI X, X, MD, X
Neurodiagnostic Interpretation, X, MD, X
ODG: “X” (updated X) (RSA); “Indications for Surgery”

PATIENT CLINICAL HISTORY SUMMARY

Patient is X requesting X. Initial evaluation dated X by Dr. X, X Medical Center, x-rays show abnormalities of the X or X. Diagnosis was X. Note states patient began having pain after X, X. Exam shows abnormality of the X, X, X muscle, X test. It was recommended that the patient begin X and X was started on anti-inflammatories. An MRI of the X was ordered and performed X. Revealed moderate to severe X, X, X. There is X of the X. There is X, moderate. There's a X, there's X. There's no X, no X reported.

Patient was then seen by Dr. X, X. Chief complaint was of X and X pain. Exam showed restrictive range of motion of X, weakness in X, X, positive painful X, positive X test, positive X test. Note

states MRI performed. Patient was diagnosed with X and X. X was treated with a X.

PATIENT CLINICAL HISTORY SUMMARY (continuation)

Follow up visit with Dr .X, X, reports that patient has been going to X. X continues to have X pain. Reports X improvement of X X pain after the X lasting. X was thought to have possible X and sent for X.

Follow up visit with Dr. X, X; X recommended.

X performed X by Dr. X shows X.

Follow up visit with Dr. X X, mentions results after the X exam shows positive X test. Impression was X.

Initial visit with Dr. X at X Medical Center, X, reports X pain, exam revealed X. Assessment of X. Patient was sent for a second opinion.

Patient saw Dr. X, Orthopedic Surgeon, X, for second opinion. Dr. X diagnosed X with complete X. Recommended X and reverse X.

In summary, patient was X, injured X X. X was treated with X, X, and a X which gave X X of relief from pain. MRI shows a X, X, and X with X. X doctors have recommended X.

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

Opinion: I agree with the benefit company's decision to deny the requested service(s).

Rationale: Based on the MRI findings, I'm not convinced the patient has an X procedure. I recommend the patient undergo X. The requested service is not a medical necessity.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC XX XX PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE & EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS X

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION (continuation)

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE DESCRIPTION)

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