

**Envoy Medical Systems, LP**  
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**Austin, TX 78758**

**PH:**

**FAX:**

**IRO Certificate**

### **PATIENT CLINICAL HISTORY SUMMARY**

X who sustained an injury in X, which resulted in a X. The patient has had X. A peer to peer phone call with X, the program director, by Dr. X showed that the patient's X. However, Dr. X notes that the patient X. The X after extensive X remains at X. There is also X with outcomes for the patient has not been provided for review.

Per progress report from X, MS LPC, from X indicates X improved from X. They identify the goal for the X. Physical examination by X, MSN RN, from X indicates that X is currently at the X status with the goal to get X. This is an improvement from the initial FCE which showed X at a sedentary level on X.

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

**Opinion: I disagree with the benefit company's decision to deny the requested service.**

**Rationale:** This review pertains to the need for X. The patient has clearly made objective gains in X. ODG allow for X. The patient and program have identified concrete goals including ultimately the goal of getting X back to X. Patient should not be penalized for X, as noted in Dr. X review.

**The requested service of X is medically necessary and very reasonable for this patient.**

### **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 LOW BACK 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

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)