

Envoy Medical Systems, LP
1726 Cricket Hollow Drive
Austin, TX 78758

PH: (512) 705-4647
FAX:(512) 491-5145
IRO Certificate #XX

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Request for Diagnostic Interview & XX, X & Associates, PC, X
Letter of Adverse Determination/Peer Review, X Direct Inc/X,
M.D., X
Appeal Reply Letter/Peer Review, X Direct Inc/X, M.D., X
ODG: Treatment Index, 16th Edition (web), 2018, Pain Chapter XX

PATIENT CLINICAL HISTORY SUMMARY

This X year old X sustained a X. X has a diagnosis of X. Dr. X is requesting a XX testing.

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.

Rationale: ODG endorses XX evaluations, as recommended, based on clinical impression of XX conditions that impact recovery participating with rehabilitation or prior to specific surgical interventions such as X. Dr. X has not seen this patient and there is no information submitted that would substantiate that the ODG criteria have been met. The denied service is not a medical necessity 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**

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

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

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE DESCRIPTION)

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