

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

## **IRO Certificate**

### **PATIENT CLINICAL HISTORY SUMMARY**

Patient is a X. X was diagnosed with a X confirmed by MRI. X underwent X by Dr. X. X followed up with office visits to Dr. X on the above listed dates (Information provided to IRO for Review). There was no evidence of X. X was noted to have developed X which was treated with X. Dr. X note dated X, stated patient had X. Physical examination showed X. Active and passive X. X normal. Dr. X recommended X.

X notes do document improving X. On X patient was noted to have X. On the X. X was noted to have some X. No subsequent X measurements made by the X.

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

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

**Rationale: I agree with benefit company's decision to deny X. Patient appears to have significant improvement in X. Request is not medically necessary in this case.**

**Rationale: I disagree with the benefit company's decision to deny the X. I recommend patient X. This request is reasonable and necessary.**

**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)