

Envoy Medical Systems, LP
(512) 705-4647
1726 Cricket Hollow Drive
(512) 491-5145
Austin, TX 78758

PH:

FAX:

IRO Certificate

PATIENT CLINICAL HISTORY SUMMARY

X sustained X injuries as well as X injuries in X after X. X was seen in the X. X-rays were taken and a X was placed on the X; X was treated with X and placed in a X immediately. X saw Dr. X initially X. X was noted to have X in X. X exam was normal. No mention of instability. X-rays of the X showed a X. X was treated with a X.

Patient had significant improvement of X symptoms but continued to have pain, mostly modal side of X. X was prescribed another X and was to continue with X. Follow-up visit note X states patient continues to have pain and X. X-ray showed an apparent X. MRI of the X was ordered. MRI X showed a X injury with X.

PATIENT CLINICAL HISTORY SUMMARY (continuation)

There was a mild X. There were no X. There is no obvious X. There is mild X. No mention of X in the report.

Follow-up visit X with Dr. X reports X continues to have pain on X. Dr. X 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 of X.

Opinion: I do feel it would be reasonable *and medically necessary***X.

Rationale: There is no documentation of X on clinical examination or evidence of X on the MRI. The requested service of X is not medically necessary. It is reasonable to X

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)