

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

PH: (512)

FAX: (512)

IRO Certificate

PATIENT CLINICAL HISTORY SUMMARY

This individual, (DOB X), sustained a X (DOI X) on X. X has persistent pain over the X have been provided.

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: On review of ODG there was no specific reference to diagnostic X. There is no X reference and no X reference. I agree with Dr. X that this condition is not X should not be applied to this case. The nearest reference in ODG is for X. A X is necessary prior to considering X. In the X chapter, there is a reference for X. This is recommended for diagnostic evaluation of X. This is the closest reference I could find that applies to this request. The request is for a diagnostic evaluation of persistent X. It may also be X. Since ODG does not specifically address this condition, use of other guidelines, as mentioned, are appropriate. This request is

reasonable and appropriate based on the applicable official disability guidelines. The proposed treatment/request for X is medically 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)