

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

PH: (512) 705-4647
FAX: (512) 491-5145

AMENDED DECISION

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Physician Board Certified in X

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X

PATIENT CLINICAL HISTORY SUMMARY The request for X has been non certified. Adverse determination notice dated X, generated by X, M.D., was based on lack of medical necessity. Dr. X note *does* state the patient did not have an exam documented by Dr. X.

Adverse determination after reconsideration notice, dated X, submitted by X, M.D., X, was non certified. The patient has not had X of conservative treatment and no indication of X.

MRI of the X without X was X showing X. X with X. There is evidence of X. There is X. There is no X; this was reported by Dr. X.

PATIENT CLINICAL HISTORY SUMMARY (continuation)

Follow-up progress note X comments by X. Patient presents with X. Pain X, patient reports X. X been X. The assessment was X and was referred to X.

Patient saw X, with chief complaint of X. Patient states X without X. X or X. States pain is X. Past medical history of X. X were documented. No physical exam documented. MRI report documented. Patient diagnosed X. The patient saw Dr. X for X. X reports continued X. Pain graded at X. X states that X. X is X.

Physical examination showed X.

It is recommended the patient X.

Patient followed up again X with X. Patient continues to have X. Exam X from previous exam. Once again, X was recommended.

X was documented on X. No treatment records from X were available.

Summary: X was injured at work X. Patient was treated X and, according to the historical record, without improvement. Exam consistent with X. MRI shows X. Patient has X.

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

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

Rationale: Disagree: I recommend patient undergo X. This would be to treat X. It appears his injury *did*

cause X. I feel this part of the requested service is a medical necessity and, therefore, disagree with the benefit company on X.

Rationale: Agree: I do not feel the X are medically necessary for this patient and, therefore, agree with the benefit company.

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

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

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAININTERQUAL CRITERIA

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)