

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

**PH:**

**FAX:**

**IRO Certificate**

### **PATIENT CLINICAL HISTORY SUMMARY**

This is a X individual with a work-related injury occurring in X. It was described as a X. Patient has a history of X; does not state which X or the date. Treatments have included X. Physical exam showed X. X normal. X tests showed X test, X test and X test, X test and X test. X test. X was X. X test negative. X exam X. X-rays of X showed X. Patient was diagnosed with a X. X was started on X and instructed to continue with X.

Clinic note dated X with Dr. X states patient continues to have X. He recommended X begin X and MRI of the X was ordered.

MRI of the X performed X on X showed X is identified. X appeared X. There are mild changes in the X. X appears X.

Clinic note dated X by Dr. X states patient reporting continued pain in the X worsened by X. Physical exam showed X. Surgical options were discussed with the patient.

Clinic note dated X by Dr. X, patient reports continued pain in the X. MRI results were reviewed with the patient. Surgical intervention was discussed.

Patient seen again X by Dr. X; patient reports pain in the X. X was injected with X.

Patient seen again by Dr. X; patient reports no improvement after X and continues to have X. X had no improvement with X. Dr. X recommended X.

In summary, this X sustained a work-related injury to X. MRI's were performed. X was treated with X. X did not improve as far as symptoms were concerned.

**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:** Based on the MRI findings, I do not feel surgical intervention is medically necessary to treat a work injury.

**X is not medically necessary in this case.**

**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)