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**IRO Certificate X**

### **PATIENT CLINICAL HISTORY SUMMARY**

Patient is X, X not documented, DOI:X. Mechanism of injury was a X. Patient underwent imaging of the X. MRI of X showed X.

MRI of the X performed X shows X.

MRI of the X performed X shows X.

Patient was initially evaluated by Dr. X, X. X presents with pain with X, as well as X. X had been taking X. Patient is X at this time. Examination showed X. X are X throughout the X as well as the base of the X.

A follow up visit with Dr. X, X, notes patient X; X examination findings were the same as before. X X-ray report shows a X. Diagnosed with a X, X was ordered.

A report by Dr. X, X, documents pain with X. X evaluation showed X. Patient was diagnosed with X. X was then referred to Dr. X, X specialist.

A follow up visit with Dr. X states patient continues to have pain in the X. Examination showed X. The note does not make X. X recommended a X.

Follow-up visit with Dr. X reports X. New diagnosis of X.

Follow-up visit with Dr. X reports patient complaining of pain in X. Patient states X was sent for a X, unchanged. Assessment is 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.**

Rationale: I agree with the reviewer's that there is a X documented to confirm the diagnosis of X. X results are not present, notes do state they were done. The MRI findings do show evidence of X; they make no mention of X. The MRI results also do not X. X of the issues also not documented in the charts.

**Diagnostic X is not a medical necessity for the patient**

**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  
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)