

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

**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

**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:** The initial request was denied based on lack of documentation and failure of X. The first appeal letter documents that X was completed, and that the patient X. On appeal the request was denied due to lack of documentation and efficacy of X. Lack of X was documented in the letter of appeal. There was also mentioned X. X were denied by the adjustor. Based on ODG, X, \*(see below) the requirements for a X by the denial of X.

***\*ODG: 25<sup>th</sup> Online Edition, 2020: X)***

The request for X is a medical necessity for this individual.

**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)