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**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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

X

**PATIENT CLINICAL HISTORY SUMMARY**

Patient's requested service, X and other procedures, was non-certified by Dr. X in the initial denial letter, X. X felt that X, and X should be X. The second non certification from Dr. X, was upheld, with Dr. X recommending X prior to X.

Clinical notes from Doctor X, X, were reviewed beginning in X. At that time patient reported X and X. X presented with X and X. Dr. X noted that the patient had had X. On exam X had X.

**PATIENT CLINICAL HISTORY SUMMARY**

X performed X revealed X changes with X and X. MRI of the X revealed X, X since previous exam. X was also noted to have a X, X, X and X.

Patient was seen again by Dr. X, X and additional visits from X until X by Dr. X. X was then referred to a X as well as a X. Patient was also started on X, X, and X.

Patient then saw Dr. X. X chief complaint was of X pain. X was noted to have X and X, and X and X. X was diagnosed with X. It was recommended X under go X, and X.

Patient also saw Dr. X for X, comments on diagnosis X and X. Dr. X agreed with the decision to proceed with X.

The patient again saw Dr. X, exam was unchanged; X showed X in the X with X. X was recommended.

X performed X showed X.

Followup visit with Dr. X, X was recommended.

Summary: X, injuring X. Patient was seen by X and treated with X and X. X visits documented. Patient did not receive an X. Exam shows X and X and X. The recommendation is X undergo X. The patient has not had X at this time.

**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 feel the patient has X should X for pain X and X as well.

The requested service is not \***medically** necessary at this time for this 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  
CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA  
OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

**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)