Envoy Medical Systems, LP
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Austin, TX 78758 **IRO Certificate #X**

Notice of Independent Review 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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY SUMMARY

Patient is a X who sustained a X injury X. X submitted a request for a X with X for the X submitted by Dr. X and has been denied as being medically unnecessary.

Peer review of X denied request due to patient not having received X for X as recommended by ODG.

Peer review dated X also denied request due to lack of detailed evidence of X for X.

X performed X by Dr. X. X findings at that time were X in the X after patient experienced X. X immediately felt a X in X as well as X. X experiences X and X with X, X. Patient had a X. X had X of X and X with X. X is diagnosed with X. The X was X with X; X has X.

PATIENT CLINICAL HISTORY SUMMARY (continued)
Progress note X by Dr. X; patient had X with X; X has continued with X.

X, X, patient treated with X.

Progress note, X, Dr. X, findings the same as in previous exam. X was treated with X and X and has continued to be X.

Initial visit with Dr. X, X. Presents with X. X over the X, X, X, X and X - X. Dr. X recommended X and X and continuing to be X.

Progress note, X, by Dr. X, patient once again advised to have X.

X of the X, X, dated X, read by Dr. X, revealed X.

X of the X, X, read by Dr. X, study turned out to be X.

Summary: X who began having X, X, treated with X, X, X, and treated with X. Patient did not notice X. Patient seen by Dr. X, X, recommended X and X of 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 (s).

Rationale: I agree that the patient **needs X of X before considering X**. Treatment with X into X are recommended. **The requested service: "**X as requested by X, M.D. X of X. X" i**s denied as medical necessity has not been established.**

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

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

(continuation)

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)