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

Notice of Independent Review Decision

<u>DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE</u>

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

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INFORMATION PROVIDED TO THE IRO FOR REVIEW X

PATIENT CLINICAL HISTORY SUMMARY

X who sustained a X on X. X as an X, was X. X patient X. X complained of X. X is X. X had a X. X is on X. X complained of X. X of the X on X showed X. X of the X showed X.

Per Dr. X most recent note from X, patient complained of X. X complained of X. X also reported. The patient also complained of X.

PATIENT CLINICAL HISTORY SUMMARY (continued)

Per his note, X showed X. There is report of X. Initial denial due to the X. X did X were noted on X examination. Appeal X. Previous

X noted to have X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION

Rationale: Per ODG, "X". "X must be corroborated by advanced imaging studies...". X showed X. X has X. It is unclear what the X. X has X. For all of these reasons, X.

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 X

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE & EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS $\underline{\mathbf{X}}$

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)