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IRO Certificate # X

**Notice of Independent Review Decision**

DATE OF REVIEW X

IRO CASE NO. X

**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**

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 sustained X described as X. While X, X had X, predominantly X. Initial presentation the pain was X. Initial exam showed X. Diagnosed with X were performed. Patient was X.

X performed X showed X.

X performed X showed X. Other X were reported as X.

Patient was seen again at X with continued X. Diagnosis was X. X was treated with a X.

Patient again seen at X. Diagnosis was X. Noted in the X, patient was also treated with X. Another X was X. Patient was allowed to continue X.

Last visit at X.

### **PATIENT CLINICAL HISTORY SUMMARY**

X was started on X. Patient was then seen by X. Chief complaint is X. Exam shows X the X. X were reviewed showing X. Dr. X.

Patient saw X, at X. Patient X. Note states X had X. Note also states that X were reviewed and appeared to show X to the X. It is recommended that X. X has been left on a X.

Patient seen by X, Initial Examination, X. X was treated with X.

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

**Opinion: X AGREE with the benefit company's decision to deny the requested service(s).**

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

**Rationale:** X does X. I do recommend the X. X injury is noted, then X. At this time, **the requested service for X; 2.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  
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)