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

### 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

### **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

This is a X who sustained an injury while working as a X.

Per peer review physician, X was diagnosed with X. A request for X. Per peer review by Dr. X the request for X.

PATIENT CLINICAL HISTORY SUMMARY (continued)
Appeal denial report notes that the patient has been in a X.
Last review for the months of X and X showed X. The request for a X. The appeal document in response to that from X. Also, X.

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

Opinion: X.

**Rationale:** This review pertains to the need for an X. There are clear notes indicating X. The ODG cited by X. One could X". Furthermore, the peer physicians who reviewed the case are board certified in X. A more relevant specialty to review this case would be X. **The requested service of "X" is a 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 $\underline{X}$

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

#### MILLIMAN CARE GUIDELINES

## ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES $\underline{X}$

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