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#

PH:

FAX:

IRO Certificate

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:

Upheld (Agree)

Overtaken (Disagree) X

Partially Overtaken (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
X

PATIENT CLINICAL HISTORY SUMMARY

X who sustained an injury in X, when X was involved in a X. There was a loss of consciousness. The patient was diagnosed with left hip sprain, lumbar radiculopathy, cervical radiculopathy, lumbar sprain, cervical sprain, thoracic sprain, intervertebral disc displacement of the cervical, thoracic, and lumbar spine. X has had medications, physical therapy, chiropractic, TENS, massage therapy, and 'pain injections' in the neck that made X worse. X had a FCE on X. The patient completed X sessions of the pain program for a total of X hours. This resulted in patient being able to lift X lbs. The patient needs to be able to lift X lbs to return to work. Request for X was denied due to exceeding guideline recommendations without medical justification. ODG allow for X. Most recent progress summary from X notes X is able to walk X minutes longer than X did a few weeks ago before X pain increases. X is able to sit longer and has learned to set boundaries in relationships. X has stopped smoking. X has been compliant with X pain journal. X is noted to have high motivation to complete goals of daily activities. X pain level has decreased from X VAS to X. X is taking X. X was able to bicycle for 20 minutes at 1.8 miles and treadmill 20 minutes at 2.0 mph and shoulder 0 lb on X which improved to 30 minutes of stationary bicycle at 4.3 miles and treadmill 27 minutes at 1.3 miles and shoulder lift 14 lb.

PATIENT CLINICAL HISTORY SUMMARY (continuation)

Goals would be to increase X bicycle tolerance to 40 minutes and treadmill 50 minutes. It was assessed that X has not reached MMI in terms of X anxiety, depression, fear and coping and sleep in addition to the functional goals.

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

Opinion: I DISAGREE with the benefit company's decision to deny the requested service.

Rationale:

This review pertains to the need for X. ODG allow for treatment duration more than 4 weeks or 160 hours if there is an explanation of “why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed). The patient has clearly made objective gains in functional capacity as well as decreased medication usage. There are clear goals defined both physically and mental health disorders. The patient and program have identified concrete goals to return to gainful employment. The denial of appeal indicated “X”.

The X progress summary clearly indicates that “X”.

The requested service: “X” is a medical necessity 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

**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)