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#

PH:

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IRO Certificate

**Amended X: Description of services in “Dispute and Analysis/Explanation” Section**

**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**

This is a X who sustained a work related injury in X, when X was X. Lumbar spine MRI on X showed X. There is documentation of X. Prior treatment includes X. There is also documentation of trial of X. There is physical exam documentation of X. First denial by Dr. X due to documentation of X. Second denial by Dr. X upheld first denial due to the X. Claim dispute of X. Carrier X. There is documentation by orthopedics that the X. There is documentation of diagnosis of PTSD.

## **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 a X

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

ODG conditionally recommend X as a short term treatment for X. This treatment should be administered in conjunction with active rehabilitation efforts including current physiotherapy and/or a continuing home exercise program. There is documentation of active ongoing physical therapy for all of X injuries (shoulder, neck, hip, back). There is documented X. As most physicians with spinal anatomy knowledge would be aware, the more X.

Physicians versed in neuromuscular physical exam would also know that there is X. Motor deficit of the X. X has failed X. It does not appear X has had an X.

The requested service, X **is medically necessary for the 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)