

Envoy Medical Systems, LP  
(512) 705-4647  
1726 Cricket Hollow Drive  
(512) 491-5145  
Austin, TX 78758  
#X

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)

Partially Overtaken (Agree in part/Disagree in part)

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

## **PATIENT CLINICAL HISTORY SUMMARY**

This is a X who sustained an injury in X, when X was in a MVA in which X was a X. X was diagnosed with adjustment disorder with mixed anxiety and depressed mood, insomnia disorder, lumbar and cervical sprain/strain with inter-vetebral disc disorder.

Cervical and Lumbar X on X showed X. X underwent X sessions of X between X and X. There was some mention of X and X for the lumbar spine but not clear if these were performed. On X X had a follow up examination still X. X was diagnosed with chronic pain and had X. On X, X continued to complain of X pain, recommendation for X due to depression, anxiety, and sleep problems caused by the work injury. X had an evaluation by X and X, MS LPC, who did an evaluation using X Pain Questionnaire, Fear Avoidance Beliefs Questionnaire, QOL Scale, X Anxiety inventory, X depression scale, Sleep questionnaire and X Disability Questionnaire. Although X made some progress in some of the measures, X continued to have severe disability on the scales. X was recommended.

X has had, per reviewer, x

## **PATIENT CLINICAL HISTORY SUMMARY** (continuation)

diagnosis allow for up to X weeks if progress is being made. ODG/CBT guidelines for X. Initial denial was due to “current request exceeds guideline recommendations and the claimant has not undergone a X evaluation”.

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

**Opinion:** I **PARTIALLY AGREE** with the benefit company's decision to deny the requested service of X. **IF** the ODG psychotherapy guidelines for X

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I **PARTIALLY DISAGREE** with the benefit company's decision to deny the requested service of X.

**Rationale:** It is unclear whether the patient has had X. The diagnosis listed (primarily adjustment disorder) would be covered under the ODG/CBT guidelines for low back problems, NOT the psychotherapy guidelines for mental diagnosis, but the chronic pain diagnosis may qualify X under the psychotherapy guidelines. What is more concerning is that despite the previous X, has had worsening scores in the X Pain questionnaire, X Depression scale and sleep questionnaire, no change in X and Fear Avoidance, although with mild improvement in the quality of life scale X point decrease in the X Anxiety Inventory. It is unclear if the previous X. There is no documentation of a X. Assuming X has had X.

An additional 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

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA  
OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

(continuation)

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)