

***(Amended X to add Board Certification
Physician to page 1)**

**Envoy Medical Systems, LP
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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 DISPUT
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 a work related injury in X when X was X. X was seen by Dr. X on X for continued severe pain. X presented in a X. X note documents X in the right leg. X note documents X. X note documents X. Previous treatment included X. Lumbar spine MRI on X showed X X. X was denied due to no documentation of presence of X.

There is a notice of disputed issue that X accepts X.

Requested procedure for X was denied. No records of surgery were received but there is mention of X.

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.

SUMMARY OF REASONS/RATIONALE:

Rationale: This review pertains to the need for a X. ODG conditionally recommend X as a short term treatment for X. This treatment should be administered in conjunction with X. There is mention of having to halt physical therapy due to X. There is documented X in the X. What is not clear is if the patient has had X and, if so, when and what X. There is mention of a X second opinion who did not recommend any other X. There were no post-X submitted for review. With the limited information above, it is difficult to understand the entire clinical picture. However, in terms of ODG, there is documented X. It does not appear X has had an X in the past and has been refusing them up until recently. I think it would be reasonable to try X. It would also be helpful to

consider an X to see if there were X. Post-operative MRI would also be helpful for this purpose.

The requested service(s): X are medically necessary 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)