

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

PH:

FAX:

IRO Certificate

Notice of Independent Review Decision

DATE: 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) **X (Amended X)** (#2)

Overtaken (Disagree)

Partially Overtaken (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X.

PATIENT CLINICAL HISTORY SUMMARY

X, was evaluated by X, NP at X for a work-related injury which occurred on X. While working, X was exposed to smoke and fire and was hospitalized overnight at X, treated with oxygen and monitored until released with a diagnosis of carbon monoxide poisoning. Of note, I have no records from this hospitalization for review. Since the accident, X has experienced multiple symptoms including daily headaches, mood changes including irritability and low motivation, and low energy. These symptoms have impacted X quality of life and work performance. X had managed headaches with OTC meds only. X was also noted to have X.

X documented a physical exam which was largely normal. Of note, X documented a normal neurological exam including a cortical function exam which showed x was X. X lacked evidence of tremors, ataxia, pronator drift, and nystagmus. Romberg was X. X provides no other neurological

PATIENT CLINICAL HISTORY SUMMARY continuation)

assessment. Eye exam was also performed and demonstrated pupils equal, round, reactive to light and accommodation.

X final diagnoses included photophobia (X), Nonintractable headache (X), Vision changes (X), and Elevated blood pressure reading without diagnosis of HTN (X).

On X submitted a pre-certification request for the X. X cited that the reasons for the test was “X” at x place of employment on X. X cites the medical necessity and evidence-based support for this testing. X cites that the use of this testing is supported by both the Official Disability Guidelines (ODG) and the American College of Occupational and Environmental Medicine (ACOEM). X also notes that “alternative tests sometimes cited in denials, such as standard visual/auditory evoked potentials or ECG, are not appropriate substitutes.” X notes that given

the patient's brain injury and persistent cognitive and affective symptoms, the X should be approved.

On X the initial denial was made by X Dr. X, MD. X states that based on the documentation provided, the criteria for X testing is not satisfied since the patient did not have abnormalities on exam. X also cites the lack of peer review literature and that computerized X testing is not standard of care and therefore the X is not medically necessary. X goes on to cite ODG guidelines for other testing including EEG, video EEG, Evoked potentials, Audiometric Testing, X and provides peer reviewed literature for these tests.

On X provided an appeal letter. X cited an incorrect application of the ODG, a factually inaccurate claim regarding lack of peer reviewed literature, and asserted that the patient's significant and persistent cognitive and affective sequelae from documented anoxic brain injury were justifications for the X and provided evidence as such. X also noted the irrelevance of cited alternative tests outlined by the ODG and gave rationale as to why they are not adequate cognitive assessments targeting the patient's specific complaint. X notes that the lack of exam findings "demonstrates a critical misunderstanding. It incorrectly equates a grossly normal motor and sensory exam with the absence of cognitive impairment".

On X, an appeal reply was provided X which was based on a Peer Clinical Review Report by X Dr. X, MD on X, upholding the denial of the X. Dr. X cited that the X "is a form of quantitative EEG and is not supported for assessment of brain injury" by the ODG.

On X provided a Request for Independent Review (IRO) for the Adverse Determination for the X. They cited that the denial was flawed for the following reasons:

1. Mischaracterization of the Service
2. Misapplication of ODG Guidelines
3. Factually Incorrect Claim of "Lack of Peer-Reviewed Literature"

They went on to provide similar evidence as stated in the precertification and appeal.

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

Opinion: I agree with the benefit company's decision to deny the requested service. (Amended X) (#3)

Summary of Reasons/Rationale for Opinion:

I reviewed the X website: X. It is clear to me that the X is a tool that is not widely used as a X. I had not previously heard of this tool and it appears the other two reviewers (Dr. X and Dr. X, both of whom are neurologists) are also not familiar with it. It's true that these neurologists incorrectly assume that it is just an X evaluation. Indeed, upon reviewing the product's website it appears to X, which makes it more like a X. Though this could be a useful assessment and appears to have evidence behind it, I would not consider this standard of care, and as such this may be enough to deny service. The patient's subjective complaints and history of carbon monoxide poisoning warrant further cognitive evaluation, even in the absence of neurological exam findings, given the cursory exam performed. X is correct to assert that cognitive testing can pinpoint x specific cognitive issues and serve as targets for treatment.

However, the X does not appear to be a replacement for full X which would be more comprehensive and likely be more to the patient's benefit.

It is my opinion that the patient would most benefit from an evaluation with a neurologist to include a X such as the X. Once complete, following this with formal X by a qualified PhD neuropsychologist would benefit the patient by establishing a cognitive baseline to target all deficits amenable to therapies such as cognitive rehabilitation and psychiatric management. Furthermore, adequate treatment of the

patient's headaches is a must, since headaches can also result in significant cognitive dysfunction and treatment can result in improvement of cognitive status. If not responsive to X, the patient may benefit from a X. **The requested service, "X" is not medically necessary and does not appear to be a replacement for X .**

Additional Comments:

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

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)