

Envoy Medical Systems, LP
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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) 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 patient with history of work related injury on X with X. **X was discussed** after X. X had the pre X psychological evaluation and was noted to be a good candidate for a X. MRI imaging showed X. X appears to have been tried. Initial X request was denied by Dr. X due to patient's pain "appear to be well controlled while the current appeal was denied by Dr. X due to "X. The injured worker has not even had the X". Psychological evaluation from X notes Oswestry disability index of X out of X (X percentile) with moderate disability due to pain, GAD (anxiety) of X indicating mild anxiety, PHQ-X of X indicating mild depressive symptoms, BBHI-X did indicate high level of anxiety.

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 X.

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

Summary of Reasons/Rationale for Opinion: This review pertains to the need for X. The patient has X. ODG recommend X. Patient needs to be capable of X. Patient meets all of the above criteria. In terms of the concerns raised by the denials: Patient has mild anxiety on the GAD scale (which is dedicated assessment for anxiety) and mild depression. The CPT code X is the **code for X**. The actual X system **X. Anyone familiar with the X.**

The requested service as it appears on the **X Appeal Review from X reads as:" X.**

The correct requested service that was discussed with the patient and Dr. X was for X which was approved as **medically**

necessary by independent reviewer.

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

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**

x, 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)