

**Envoy Medical Systems, LP
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Austin, TX 78758**

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)

Overturned (Disagree)

Partially Overturned (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 a work related injury on X. X sustained a X. X has been diagnosed with brachial neuritis, displacement of cervical disc without myelopathy, strain/sprain of the cervical spine and strain of the thoracic and lumbar spine. MRI of the C spine on X showed X. X-X broad based left lateralizing disc protrusion at X. Prior request for X was non-certified. X request also appears to have been denied, Third request for X was submitted. Notes from Dr. X indicate patient is complaining of headaches and pain that radiates into the left upper extremity and there is tenderness around X. There is numbness and tingling. X were denied due to request for X. ODG allow X.

PATIENT CLINICAL HISTORY SUMMARY (continuation)

The most recent note from Dr. X on X shows patient is having X. X is documenting decreased X. Dr. X also cites *Dr. X article on "X"* and X is stating the procedure is necessary to identify the pain generator(s) and relieve pain so that the patient can fully participate in a higher level and more meaningful rehabilitation program with the hope of returning to the former employment or continue with current employment. X notes indicate they are having difficulty with X.

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

Opinion: I **agree in part/disagree in part** with the benefit company's decision to deny the requested service(s).

Rationale Agree: I agree with the peer reviewer's denying the "X" part of the requested service if this X. I also agree with denial of the right side procedure as the patient is most symptomatic on the left side.

Rationale Disagree: I disagree with the decision denying the left side procedure as the patient is most symptomatic on the left side. I would recommend X.

Summary:

This review pertains to the need for X. ODG allow for X. There has been prior denial of X as well as X (per Dr. X note). Surgical opinion apparently was obtained and no surgery is planned. The purpose of a X is to ascertain if a patient is candidate for a X, which is implicit in the request and does not need to be specifically noted. The diagnostic nature of the X would make it less than ideal to use X.

The requested service, “X” between X and X is not medically necessary.

The requested service, “Prospective request for X is medically necessary and reasonable.

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) X

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID,
OUTCOME FOCUSED GUIDELINES (PROVIDE
DESCRIPTION)