



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
OFFICE OF INSPECTOR GENERAL  
BOARD OF REVIEW  
4190 Washington Street, West  
Charleston, West Virginia 25313  
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Earl Ray Tomblin  
Governor

Karen L. Bowling  
Cabinet Secretary

February 18, 2015

[REDACTED]

RE: [REDACTED] v. WV DHHR  
ACTION NO.: 15-BOR-1186

Dear Mr. [REDACTED]

Enclosed is a copy of the decision resulting from the hearing held in the above-referenced matter.

In arriving at a decision, the State Hearing Officer is governed by the Public Welfare Laws of West Virginia and the rules and regulations established by the Department of Health and Human Resources. These same laws and regulations are used in all cases to assure that all persons are treated alike.

You will find attached an explanation of possible actions you may take if you disagree with the decision reached in this matter.

Sincerely,

Donna L. Toler  
State Hearing Officer  
Member, State Board of Review

Encl: Claimant's Recourse to Hearing Decision  
Form IG-BR-29

cc: Stacy Broce, BMS

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BOARD OF REVIEW**

██████████,

**Claimant,**

v.

**Action Number: 15-BOR-1186**

**WEST VIRGINIA DEPARTMENT OF  
HEALTH AND HUMAN RESOURCES,**

**Respondent.**

**DECISION OF STATE HEARING OFFICER**

**INTRODUCTION**

This is the decision of the State Hearing Officer resulting from a fair hearing for ██████████. This hearing was held in accordance with the provisions found in Chapter 700 of the West Virginia Department of Health and Human Resources' Common Chapters Manual. This fair hearing was convened on February 18, 2015, on an appeal filed January 28, 2015.

The matter before the Hearing Officer arises from the January 21, 2015 decision by the Respondent to deny prior authorization for Medicaid payment for Magnetic Resonance Imaging (MRI) of the lumbar spine.

At the hearing, the Respondent appeared by Stacy Hanshaw, Program Manager, Bureau for Medical Services (BMS). Appearing as a witness for the Department was ██████████, RN, West Virginia Medical Institute (WVMI). The Claimant appeared *pro se*. All witnesses were sworn and the following documents were admitted into evidence.

**Department's Exhibits:**

- D-1 Bureau for Medical Services' Provider Manual §528.7
- D-2 InterQual Smart Sheets, 2013 Imaging Criteria, Imaging, Spine, Lumbar
- D-3 Outpatient Care Center ██████████ Hospital medical records
- D-4 Notices of Initial Denial, dated January 21, 2015

**Claimant's Exhibits:**

None

After a review of the record, including testimony, exhibits, and stipulations admitted into evidence at the hearing, and after assessing the credibility of all witnesses and weighing the evidence in consideration of the same, the Hearing Officer sets forth the following Findings of Fact.

### **FINDINGS OF FACT**

- 1) [REDACTED], MD, submitted medical documentation to support a request for prior authorization of an MRI of the lumbar spine for the Claimant to the Department on January 5, 2015. (Exhibit D-3)
- 2) The Department's representative, Stacy Hanshaw (Ms. Hanshaw) stated that Exhibit D-2, known as InterQual Smart Sheets, were used by the reviewing WVMI nurse to determine if the medical documentation submitted by the Claimant's physician met the necessary criteria for prior approval of an MRI of the lumbar spine. She explained that if all necessary criteria listed on the InterQual Smart Sheets are met, the reviewing nurse is able to approve the prior authorization request. She further explained that when the reviewing nurse is not able to approve the request based on information submitted by the individual's physician, it is forwarded to a WVMI physician to review and either approve or deny. Ms. Hanshaw indicated that if a denial is issued, the denial is sent to the client, the prescribing physician and the medical facility. Ms. Hanshaw pointed out that the notice to the physician included the opportunity to provide additional information within sixty (60) days of the notice to have the request reconsidered. The Department's witness, [REDACTED], RN (Nurse [REDACTED] the WVMI reviewing nurse, testified that no additional medical records were received from the Claimant's physician for reconsideration. (Exhibit D-2)
- 3) Nurse [REDACTED] explained that when she completed the review of the medical documentation submitted by the Claimant's physician, she was unable to establish eligibility because the physician failed to provide necessary documentation for approval at the nurse level of review. Nurse [REDACTED] indicated that because she was unable to approve prior authorization, the request for services and medical documentation was forwarded to the WVMI physician reviewer for approval or denial.
- 4) On January 21, 2015, following the WVMI physician review, the Department issued a Notice of Initial Denial. The notice indicated that the Claimant's request could not be approved because "The Inter Qual criteria for the MRI of the Lumbar Spine were not met. There was no documentation provided of worsening of pain, specific radiculopathy by symptoms or physical exam, any failed courses of non-steroidal anti-inflammatory drugs/acetaminophen of at least three weeks or more, physical therapy/home exercise program and activity modifications of at least six weeks or more." (Exhibit D-4)
- 5) The Claimant stated that he did not realize that his physician had failed to provide all the necessary documentation. He reported that he had completed physical therapy from June 28, 2014 through September 2014, and started physical therapy again in December

2014 into January 2015. The Claimant reported that he has nerve pain from his back which radiates into his leg. He also reported that he has been taking ibuprofen and Aleve for nearly a year without relief.

- 6) Nurse [REDACTED] explained that the Claimant's physician completed a peer-to-peer review with the WVMI physician, but failed to provide documentation verifying the required additional information. Ms. Hanshaw suggested that the Claimant take his evidence packet, along with the Notice of Initial Denial, to his physician and notify him that if his physician submitted the needed documentation, along with a request for reconsideration by March 21, 2015, the Department would review his request again.

### **APPLICABLE POLICY**

West Virginia Medicaid Provider Manual, §528.7 establishes that there are prior authorization requirements for imaging procedures. When medical documentation does not meet the medical necessity criteria, or additional information is not received, a denial letter is issued. It is the responsibility of the prescribing practitioner to submit clinical documentation to establish medical necessity of the service.

### **DISCUSSION**

The information submitted by the Claimant's physician was insufficient to establish medical necessity of an MRI of the lumbar spine based on the criteria set forth in policy.

### **CONCLUSION OF LAW**

Whereas there was insufficient documentation to meet the medical criteria of an MRI of the lumbar spine, medical necessity of the procedure could not be established.

### **DECISION**

It is the decision of the State Hearing Officer to **uphold** the Department's decision to deny prior authorization for Medicaid payment of an MRI of the lumbar spine.

**ENTERED this \_\_\_\_ Day of February 2015.**

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**Donna L. Toler  
State Hearing Officer**