



STATE OF WEST VIRGINIA
THE DEPARTMENT OF HEALTH AND HUMAN
RESOURCES

OFFICE OF INSPECTOR GENERAL

BOARD OF REVIEW
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February 3, 2015



RE: [REDACTED] v. WV DHHR
ACTION NO.: 14-BOR-3584

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,

Stephen M. Baisden
State Hearing Officer
Member, State Board of Review

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

cc: Stacy Broce, WV Bureau for Medical Services

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

██████████,

Claimant,

v.

ACTION NO.: 14-BOR-3584

**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 January 22, 2015, on an appeal filed November 6, 2014.

The matter before the Hearing Officer arises from the October 21, 2014 decision by the Respondent to deny Medicaid payment for imaging services, a Magnetic Resonance Imaging (MRI) study of the Claimant's lumbar spine.

At the hearing, the Respondent appeared by Representative Stacy Hanshaw of the WV Bureau of Medical Services. Appearing as a witness for the Department was ██████████, RN, of the WV Medical Institute (WVMI). The Claimant appeared *pro se*. Appearing as a witness for the Claimant was ██████████, D.O., his physician. The participants were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Bureau for Medical Services' Provider Manual, Chapter 528.7
- D-2 InterQual Smart Sheets, 2013 Imaging Criteria for MRI of the Lumbar Spine
- D-3 Print-out of on-line request for service from ██████████, D.O., ██████████, dated October 3, 2014
- D-4 Initial Denial Notifications from APS Healthcare, dated October 21, 2014

After a review of the record, including testimony, exhibits, and stipulations admitted into evidence, 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) The Claimant's physician, [REDACTED], D.O., [REDACTED], submitted to the WV Medical Institute (WVMI) a request for an MRI of the Claimant's lumbar spine on October 3, 2014 (Exhibit D-3). The facility indicated on the request that the Claimant's primary diagnosis was "Backache NOS [not otherwise specified]," with an International Classification of Diseases, Ninth Revision (ICD-9) code of 724.5
- 2) The Department denied the physician's request for imaging services, and issued a denial letter (Exhibit D-4), dated October 21, 2014. The denial letter reads as follows in part:

The service listed above has been denied based on the following: The information provided did not meet the clinical indications for the requested outpatient study, MRI lumbar spine. There were no results of physical examination provided. There was no documentation of symptoms that are worsening. There was unclear documentation of radicular symptoms, (bilateral or unilateral). If radiculopathy is bilateral, there was no documentation of symptoms that are improved with forward flexion and worsened with walking, and the effect of symptoms on activities of daily living. There was no documentation, including durations, of all of the following completed, physician-directed trials: activity modification for greater than 6 weeks, and home exercise or physical therapy for greater than 6 weeks. Therefore, InterQual Criteria was [*sic*] not met.

- 3) The Department's witness, the WVMI nurse who evaluated the imaging services request, testified that she evaluated the request using the 2013 InterQual Smart Sheets Imaging Criteria for MRI of the Lumbar Spine (Exhibit D-2). She testified that the authorization request did not provide any physical examination results. She stated that the request indicated the Claimant had been prescribed medications, including non-steroidal anti-inflammatory drugs (NSAIDs) and physical therapy, but it did not indicate the duration or results of these trials. She stated there was no indication that the Claimant's symptoms had improved or worsened over time. She added that she forwarded the request to WVMI's physician reviewer, who issued the denial of service.
- 4) The Claimant testified that he had attempted physical therapy, which made his back pain worse. He stated he needed the MRI so that his physician could correct his back problems and alleviate his pain.
- 5) The Claimant's witness, his physician, testified that he had requested an MRI after a cervical spine x-ray showed a neural foraminal encroachment on the right side of his cervical spine. He stated that he had ordered an MRI of the Claimant's cervical and not his lumbar spine. He stated that his clerical staff submitted the request by internet, and he did not know where the mistake had occurred.

APPLICABLE POLICY

WV Medicaid Provider Manual, §528.7 – “For radiology services requiring prior authorization for medical necessity by the Utilization Management Contractor (UMC), the referring/treating provider must submit the appropriate CPT code with clinical documentation and any other pertinent information to be used for clinical justification of services provided by the UMC. The information must be provided to the UMC, and the prior authorization granted, prior to services being rendered . . . When the medical documentation does not meet medical necessity criteria or additional information is not received, a denial letter is sent to the member or his/her legal representative, the requesting provider and facility.”

InterQual 2013 Imaging Criteria for MRI of the Lumbar Spine – For the clinical indication of suspected foraminal stenosis, an imaging study request must document that the patient is experiencing all of the following symptoms or conditions: unilateral or bilateral radiculopathy, mild to moderate pain or paresthesias, and continuing or worsening symptoms. An imaging study request must document that the patient has attempted all of the following: a course of non-steroidal anti-inflammatory drugs (NSAIDs) of at least three weeks’ duration, activity modification for at least six weeks, and home exercise or physical therapy for at least six weeks.

DISCUSSION

The Claimant’s request for an MRI of the lumbar spine did not meet the criteria for the study, as listed on the InterQual 2013 Imaging Criteria (Exhibit D-2). The Claimant’s witness, his physician, indicated that he had actually requested an MRI of the cervical and not the lumbar spine for the Claimant.

CONCLUSION OF LAW

The Claimant’s physician did not provide sufficient information to meet the InterQual 2013 Imaging Criteria in the March 2014 request for an MRI of the lumbar spine on the Claimant’s behalf. Because the medical documentation did not meet the necessity criteria, the Department acted correctly to deny the services, pursuant to WV Medicaid Provider Manual, §528.7

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Department’s decision to deny pre-authorization for an MRI of the Claimant’s lumbar spine.

ENTERED this 3rd Day of February, 2015.

Stephen M. Baisden
State Hearing Officer