



STATE OF WEST VIRGINIA  
THE DEPARTMENT OF HEALTH AND HUMAN  
RESOURCES

OFFICE OF INSPECTOR GENERAL

BOARD OF REVIEW

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Williamson, WV 25661

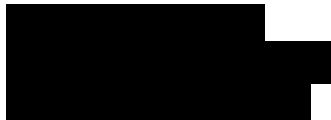
Earl Ray Tomblin  
Governor

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Cabinet Secretary

Phone: (304) 235-4680

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February 13, 2015



RE: [REDACTED] v. WV DHHR  
ACTION NO.: 14-BOR-3674

Dear Ms. [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-3674**

**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 21, 2015, on an appeal filed November 18, 2014.

The matter before the Hearing Officer arises from the November 4, 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*. 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 WV Medicaid Prior Authorization Form from ██████████, MD, ██████████, dated October 15, 2014
- D-4 Initial Denial Notifications from APS Healthcare, dated November 4, 2014

**Claimant's Exhibit:**

- C-1 MRI results from ██████████, ██████████, dated February 6, 2004 and receipt for payment of physical therapy services to ██████████, dated May 1, 2001

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) The Claimant's physician, [REDACTED], MD, submitted to the WV Medical Institute (WVMI) a request for an MRI of the Claimant's lumbar spine on October 15, 2014 (Exhibit D-3). The facility indicated on the request that the Claimant's primary diagnosis was "Worsening back pain," 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 request for the MRI Lumbar Spine cannot be approved due to medical necessity has not been established. According to InterQual, there must [be] documentation of unilateral radiculopathy with motor or sensory deficit. There is no documentation of previous x-rays with results. In addition, there is no documentation of a failed trial of conservative treatments with non-steroidal anti-inflammatories or acetaminophen for greater than or equal to 3 weeks, and home exercise, physical therapy or activity modifications for greater than or equal to 6 weeks. Therefore, InterQual criteria have not been 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 results of previous diagnostic studies. She stated that the request did not document a failed trial of conservative treatments such as home exercises, physical therapy or activity modification. She stated that the request did not document a failed trial of non-steroidal anti-inflammatory drugs (NSAIDs). She added that she forwarded the request to WVMI's physician reviewer, who issued the denial of service.
- 4) The Claimant testified that her back problems are the result of a vehicle accident she had in 1997. She testified that she had an MRI in 2004 and had attempted physical therapy. She submitted as evidence her MRI results and a receipt for payment of physical therapy services (Exhibit C-1), which indicated she had received these services. However, she did not submit these documents until after the hearing date. She testified that her rheumatologist prescribed NSAIDs to her, but she could not tolerate them.
- 5) The Department's representative stated that the documentation the Claimant submitted as evidence (Exhibit C-1) could not be used to evaluate her request for services unless it came from her physician.

## **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 lumbar disc herniation or foraminal stenosis, 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). There was no documentation concerning previous diagnostic studies, failed trials of conservative treatments or failed trials of NSAIDs.

## **CONCLUSION OF LAW**

The Claimant’s physician did not provide sufficient information to meet the InterQual 2013 Imaging Criteria in the October 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 13<sup>th</sup> Day of February, 2015.**

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**Stephen M. Baisden**  
**State Hearing Officer**