



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
1400 Virginia Street
Oak Hill, WV 25901

Joe Manchin III
Governor

Patsy A. Hardy, FACHE, MSN, MBA
Cabinet Secretary

June 3, 2010

Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held May 25, 2010. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization of a MRI of the lumbar spine.

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.

Eligibility for the Medicaid program is based on current policy and regulations. These regulations provide that for radiology services requiring prior authorization, the referring provider must submit clinical documentation to justify the medical need for the service (Hospital Manual § 528.7).

The information submitted at your hearing was insufficient to make a determination of the medical necessity of a MRI.

It is the decision of the State Hearing Officer to **Uphold** the action of the Department to deny prior authorization of a MRI of the lumbar spine.

Sincerely,

Kristi Logan
State Hearing Officer
Member, State Board of Review

cc: Chairman, Board of Review
Bureau of Medical Services

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

-----,

Claimant,

v.

Action Number: 10-BOR-1220

**West Virginia Department of
Health and Human Resources,**

Respondent.

DECISION OF STATE HEARING OFFICER

I. INTRODUCTION:

This is a report of the State Hearing Officer resulting from a fair hearing concluded on May 25, 2010 for ----- . This hearing was held in accordance with the provisions found in the Common Chapters Manual, Chapter 700 of the West Virginia Department of Health and Human Resources.

II. PROGRAM PURPOSE:

The Program entitled Medicaid is administered by the West Virginia Department of Health & Human Resources.

The 1965 Amendments to the Social Security Act established, under Title XIX, a Federal-State medical assistance program commonly known as Medicaid. The Department of Health and Human Resources administers the Medicaid Program in West Virginia in accordance with Federal Regulations. The Bureau for Medical Services is responsible for development of regulations to implement Federal and State requirements for the program. The Department of Health and Human Resources processes claims for reimbursements to providers participating in the program.

III. PARTICIPANTS:

-----, Claimant

Stacey Hanshaw, Bureau of Medical Services
Natalie Tapee, RN, West Virginia Medical Institute

Presiding at the Hearing was Kristi Logan, State Hearing Officer and a member of the Board of Review.

All participants testified by phone.

IV. QUESTION TO BE DECIDED:

The question to be decided is whether or not the Department's decision to deny Claimant prior authorization of a MRI of the lumbar spine was correct.

V. APPLICABLE POLICY:

Hospital Manual § 528.7

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 Hospital Manual § 528.7
- D-2 Authorization Request Form dated April 1, 2010 and Medical Documentation
- D-3 InterQual SmartSheet – Imaging Criteria
- D-4 Notification Letters dated April 5, 2010 to Claimant, [REDACTED] DO and [REDACTED] Center

Claimants' Exhibits:

None

VII. FINDINGS OF FACT:

- 1) A request for prior authorization for a MRI of the lumbar spine for Claimant was sent to the West Virginia Medical Institute (WVMI) for approval by [REDACTED] DO on April 1, 2010 (D-2). A denial notification letter was issued by the Department on April 21, 2010 which read in pertinent parts (D-4):

A request for prior authorization was submitted for imaging services. Based on the medical information provided, the request has been denied.

InterQual Criteria 142 – There was no documentation that symptoms have continued after conservative treatment with NSAID's for greater than 4 weeks and activity modification, such as physical therapy for greater than 6 weeks.

- 2) Natalie Tapee, nurse reviewer with WVMI, testified to the reason for the denial of Claimant's MRI. Based on the documentation submitted by Claimant's physician, a

MRI was requested to rule out radiculopathy. The corresponding indicator for lumbar radiculopathy on the InterQual SmartSheet is 100. Ms. Tapee stated the information in the medical records indicated examination findings to be normal. There was no information regarding abnormal findings or symptoms of radiculopathy. Additionally, Ms. Casey stated there was no information regarding failed conservative treatments for Claimant. Although Claimant's intolerance for NSAIDs was documented, the duration of the NSAIDs was omitted and there was nothing regarding activity modification or physical therapy (D-2). Ms. Tapee stated the InterQual criteria could not be met without this information.

- 3) Claimant testified that he hurt his back in 2000. He has had back pain since then and walks with a limp. Claimant stated he has been on NSAIDs for years with no results. He stated he did not want any type of manipulation done on his back without first having the MRI.
- 4) Hospital Manual § 528.7 states:

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 by the UMC. The information must be provided to the UMC, and the prior authorization granted, prior to services being rendered. Prior authorization requests for radiological services must be submitted within the timeframe required by the UMC.

VIII. CONCLUSIONS OF LAW:

- 1) The authorization form submitted by Claimant's physician was insufficient for WVMH to make a determination of the medical necessity of the MRI of the lumbar spine as shown on the InterQual SmartSheets.
- 2) The Department correctly denied prior authorization of the MRI for Claimant for lack of clinical documentation supporting the medical necessity of the procedure.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the decision of the Department to deny Claimant prior authorization of a MRI of the lumbar spine.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 3rd day of June 2010.

**Kristi Logan
State Hearing Officer
Member, Board of Review**