



**State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General**

**Board of Review**  
P.O. Box 1736  
Romney, WV 26757

**Earl Ray Tomblin  
Governor**

**Michael J. Lewis, M.D., Ph.D.  
Cabinet Secretary**

July 21, 2011

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Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held July 18, 2011. Your hearing request was based on the Department of Health and Human Resources' decision to deny your prior authorization request for a Magnetic Resonance Imaging (MRI) of the thoracic and 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 Medicaid services is based on current policy and regulations. These regulations provide that 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 request for radiological services must be submitted within the timeframe required by the UMC.

The information which was submitted at your hearing revealed that the submitted medical documentation for review did not meet clinical indications to determine your eligibility for services; therefore, your imaging request could not be approved.

It is the decision of the State Hearing Officer to Uphold the action of the Department in denying Medicaid authorization for a MRI of the thoracic and lumbar spine.

Sincerely,

Eric L. Phillips  
State Hearing Officer  
Member, State Board of Review

cc: Erika Young, Chairman, Board of Review  
Amy Workman, Bureau for Medical Services

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

**IN RE:**     -----,

**Claimant,**

**v.**

**ACTION NO.: 11-BOR-1092**

**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 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. This fair hearing was convened on a timely appeal, filed April 29, 2011.

**II.    PROGRAM PURPOSE:**

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

Stacy Hanshaw, Program Manager-Bureau for Medical Services (BMS)

Jens Wiiks, RN-West Virginia Medical Institute (WVMI)

Presiding at the hearing was Eric L. Phillips , State Hearing Officer and a member of the Board of Review.

**IV.   QUESTION TO BE DECIDED:**

The question to be decided is whether or not the Department was correct in its decision to deny Medicaid authorization for MRI of the thoracic and lumbar spine.

**V. APPLICABLE POLICY:**

WVDHHR Radiology Manual Chapter 528, Section 528.7

**VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:**

**Department's Exhibits:**

- D-1 WVDHHR Radiology Manual Chapter 528, Section 528.7
- D-2 InterQual Smart Sheets-2010-Imaging Criteria
- D-3 WVMI Medicaid Imaging Authorization Request Form and information from [REDACTED] M.D.
- D-4 Notice of Denial for Imaging Services dated April 18, 2011 sent to the Claimant and [REDACTED] M.D.

**VII. FINDINGS OF FACT:**

- 1) On April 13, 2011, the Claimant's physician submitted Exhibit D-3, Medicaid Imaging Authorization Request Form to West Virginia Medical Institute (WVMI) requesting pre-authorization for a Magnetic Resonance Imaging (MRI) of the Claimant's thoracolumbar spine.
- 2) On April 18, 2011, WVMI sent Exhibit D-4, Notices of Denial for Imaging Services to the Claimant and his physician. These notices document in pertinent part:

Reason for Denial: InterQual Criteria Not Met. The information submitted did not meet the clinical indications for the requested studies MRI Thoracic and Lumbar Spine. There is no information provided regarding new or a change in symptoms, objective abnormal neurological findings on examination, focal radicular symptoms or a completed and failed trial of conservative treatment with three weeks of NSAIDs. The dates of physical therapy was [sic] not provided.

Additionally, it should be noted that the physician's notice of denial indicates that a reconsideration of the determination could be made if a written request and supporting documentation was submitted to WVMI within 60 days of the receipt of the notice. Jens Wiiks, Nurse Reviewer, WVMI testified that the Claimant's physician did not submit a reconsideration request in the outlined timeframe.

- 3) Mr. Wiiks testified that he reviewed the Medicaid Imaging Authorization Request Form and medical information received from [REDACTED] M.D. The Claimant's physician noted that the Claimant completed four weeks of physical therapy and was prescribed oxycodone. Additionally, the Claimant's physician submitted office notes from March 7, 2011 and a x-ray report dated February 21, 2011 with the authorization request form. The x-ray report submitted with Exhibit D-3 documents in pertinent part:

Frontal, lateral and bilateral oblique views of the lumbar spine were obtained with additional spot views of the lumbosacral junction in the frontal and lateral projections. There is a history of stent in the right iliac artery.

The vertebral bodies and interspaces are maintained in height and there is normal alignment from T12 to the sacrum. There is a stent in the right iliac area. No aortic calcification or calcified aneurysm is visible. There is no spondylolysis. There is a tiny calcific density in the right upper quadrant. This projects outside the right kidney and may be within the liver or gallbladder.

Impression: Right iliac stent in place. No lumbar spine abnormality identified. 0.3 centimeter calcific density in the right upper quadrant, not in the right kidney, but possibly within the liver or gallbladder.

The physician's office notes from March 7, 2011 regarding the Claimant's condition document in pertinent part:

----- is a 45 year old gentleman who presents today complaining of an approximate eight year history of isolated back pain. He localizes this to the midline. He denies having any radicular pain in his legs but states his "butt gets tight." He also denies having any weakness or numbness. He has had no bladder or bowel changes.

He has a normal gait. He has no lumbar tenderness. He is able to walk on his heels and toes. He has 5/5 strength with normal sensation distally. He is straight leg raise negative.

Mr. Wiiks indicated that the information concerning the requested MRI must meet an indication listed on Exhibit D-2, InterQual SmartSheets, in order for Medicaid authorization to be approved. Based on a review of supplied information, no indication was met on the InterQual SmartSheets and the information was forwarded to a WVMi physician reviewer for further examination. Testimony indicated that the physician reviewer's examination of the documentation did not warrant any indications on the InterQual SmartSheets and denial notices were issued.

- 4) The Claimant stated that he has experienced three months of back pain. The Claimant indicated that he went to physical therapy for a two month period that failed to provide him with relief from the pain. The Claimant indicated that his back pain is causing him not to sleep and he is need of assistance to get his back "straightened out."
- 5) WVDHHR Radiology Manual chapter 528, Section 518.7 documents in pertinent part:

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 with the timeframe required by the UMC.

**VIII. CONCLUSIONS OF LAW:**

- 1) Policy stipulates that the referring physician must submit sufficient documentation for clinical justification of radiology services requiring prior authorization for Medicaid payment.
- 2) Evidence indicates that the Claimant's physician requested authorization for Medicaid coverage of MRI of the Claimant's thoracic and lumbar spine on April 13, 2011 and WVMi denied such request based on the failure of the clinical data to meet InterQual criteria.
- 3) Because the Department could not determine that the prior authorization request met eligibility criteria, it acted correctly in denying Medicaid authorization for a MRI.

**IX. DECISION:**

It is the decision of the State Hearing Officer to uphold the Department's decision to deny Medicaid authorization for a MRI of the Claimant's thoracic and lumbar spine.

**X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this \_\_\_\_\_ day of July, 2011.**

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**Eric L. Phillips**  
**State Hearing Officer**