



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

Earl Ray Tomblin
Governor

----- J. Lewis, M.D., Ph.D.
Cabinet Secretary

July 1, 2011

Dear -----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held June 23, 2011. 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 Hearings 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 when medical documentation does not meet medical necessity criteria, the request for imaging services is denied (Practitioner Radiology Manual § 528.7).

The information submitted at your hearing was insufficient to establish medical necessity of a MRI.

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

Sincerely,

Kristi Logan
State Hearings Officer
Member, State Board of Review

cc: Chairman, Board of Review
Bureau of Medical Services

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

IN RE: -----,

Claimant,

v.

ACTION NO.: 11-BOR-1097

**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 June 23, 2011 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 27, 2011.

II. PROGRAM PURPOSE:

The program entitled Medicaid is administered by the West Virginia Department of Health and 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

Stacy Hanshaw, Bureau of Medical Services (testified by phone)
Kathy Montelli, RN, West Virginia Medical Institute (testified by phone)

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

This hearing was held by videoconference.

IV. QUESTION TO BE DECIDED:

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

V. APPLICABLE POLICY:

Provider Radiology Manual § 528.7

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 Provider Radiology Manual § 528.7
- D-2 InterQual Imaging Criteria
- D-3 Request for Authorization dated February 1, 2011
- D-4 Denial Notification Letters dated February 3, 2011

VII. FINDINGS OF FACT:

- 1) A request for authorization of a MRI of the lumbar spine for Claimant was submitted to the West Virginia Medical Institute (WVMI) on February 1, 2011 for approval. A denial notification letter was issued by the Department on February 3, 2011 which reads in pertinent part (D-4):

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

There was no documented unilateral radiculopathy with motor or sensory deficits and no time frames for NSAID treatment trial.

- 2) Kathy Montalli, nurse reviewer with WVMI testified to the reasons for the denial of Claimant's MRI. According to the authorization request form submitted by Claimant's practitioner, Claimant has low back pain, a history of degenerative joint disease and bulging discs. An x-ray from August 2010 showed a progression of the disc space and narrowing at L5-S1. Claimant's practitioner noted Claimant has taken the medications Ultram and Naproxen in the past and currently takes Meloxicam (D-3).

Ms. Montalli referred to the InterQual Imaging Criteria. Claimant's degenerative disc disease falls under the criteria indicator 400. Ms. Montalli stated there was no information regarding physical examination findings or symptoms, no duration of Claimant's anti-inflammatory drug use or activity modification. Without this

information, Ms. Montalli stated the InterQual criteria could not be met and medical necessity could not be established (D-2).

- 3) Claimant testified that he has had back problems for years and needs the MRI to be referred to a back specialist. Claimant stated he cannot twist certain ways without experiencing pain or bend over. He stated he cannot sleep due to the pain in his back. Claimant stated he was diagnosed with degenerative disc disease in 2002.
- 4) Radiology Manual Chapter § 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.

The UMC reviews all requests for services requiring prior authorization. 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 their legal representative, the requesting provider and facility. This denial letter notes the reason for the denial and includes information regarding the member's right to a fair hearing and a Request for Hearing Form for completion. In addition, the letter sent to the provider contains information regarding their right to a reconsideration of the denial.

VIII. CONCLUSIONS OF LAW:

- 1) Policy stipulates that the referring practitioner must submit sufficient documentation for clinical justification of radiology services requiring prior authorization for Medicaid payment.
- 2) Evidence indicates that WVMC denied the request due to insufficient information regarding findings upon physical examination and failed trials of conservative treatments. The InterQual criteria used in determining medical necessity could not be met based on the information provided by Claimant's practitioner.
- 3) The Department correctly denied prior authorization of a MRI for Claimant for lack of medical documentation supporting clinical justification of the service.

IX. DECISION:

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

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 1st day of July 2011.

Kristi Logan
State Hearing Officer