



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

Karen L. Bowling  
Cabinet Secretary

April 9, 2015

[REDACTED]

RE: [REDACTED] v. WV DHHR  
ACTION NO.: 15-BOR-1004

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,

Kristi Logan  
State Hearing Officer  
Member, State Board of Review

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

cc: Bureau for Medical Services

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

██████████,

**Claimant,**

v.

**Action Number: 15-BOR-1004**

**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 April 9, 2015, on an appeal filed December 30, 2014.

The matter before the Hearing Officer arises from the November 26, 2014, decision by the Respondent to deny prior authorization for Medicaid payment on an MRI.

At the hearing, the Respondent appeared by Virginia Evans, Bureau for Medical Services. Appearing as a witness for the Respondent was ██████████, RN with the West Virginia Medical Institute. The Claimant appeared *pro se*. All witnesses were sworn and the following documents were admitted into evidence.

**Department's Exhibits:**

D-1 WV Medicaid Provider Manual Chapter 528 – Covered Services, Limitations and Exclusions for Radiology Services - §528.7

D-2 InterQual Criteria – MRI, Cervical Spine

D-3 Authorization Request dated November 7, 2014 and Medical Documentation from ██████████, M.D.

D-4 Notice of Initial Denial dated November 26, 2014

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) A request for prior authorization (D-3) for an MRI of the cervical spine was submitted by the Claimant's physician, [REDACTED], M.D. The Department issued a Notice of Initial Denial (D-4) on November 26, 2014, advising the Claimant that medical necessity for the procedure could not be established and the MRI could not be approved.
- 2) [REDACTED], nurse reviewer with the West Virginia Medical Institute, referred to the documentation (D-3) submitted by the Claimant's referring physician. Ms. [REDACTED] compared this information to the InterQual criteria (D-2) that is used to determine medical necessity of an MRI, noting that there was no documentation regarding findings upon a physical examination, prior diagnostic studies, or tried and failed use of conservative treatments. Without the omitted information, the criteria for the approval of the MRI was not met.
- 3) The Claimant testified that she does home exercises daily and takes pain medication. She has tried different anti-inflammatory medications over the years, but understood that her doctor failed to submit the required documentation.

### APPLICABLE POLICY

West Virginia Medicaid Provider Manual §528.7 reads that for radiological services requiring prior authorization, it is the responsibility of the prescribing practitioner to submit clinical documentation to establish medical necessity of the service.

### DISCUSSION

The information submitted by the Claimant's physician was insufficient to establish medical necessity of an MRI of the cervical spine based on the criteria set forth in policy.

### CONCLUSIONS OF LAW

Whereas there was insufficient documentation to meet the medical criteria of an MRI of the cervical spine, medical necessity of the procedure could not be established.

### DECISION

It is the decision of the State Hearing Officer to **uphold** the Respondent's denial of prior authorization of Medicaid payment for an MRI of the cervical spine for the Claimant.

**ENTERED this 9<sup>th</sup> day of April 2015**

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**Kristi Logan  
State Hearing Officer**