



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

January 8, 2015



RE: [REDACTED] v. WV DHHR
ACTION NO.: 14-BOR-3576

Dear Mr. [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: 14-BOR-3576

**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 6, 2015, on an appeal filed November 5, 2014.

The matter before the Hearing Officer arises from the October 23, 2014, decision by the Respondent to deny prior authorization for Medicaid payment of an MRI of the cervical spine.

At the hearing, the Respondent appeared by Stacy Hanshaw, Bureau for Medical Services. Appearing as a witness for the Respondent was ██████████, RN, 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 WV Medicaid Prior Authorization Form dated October 6, 2014 and Medical Documentation from ██████████, Board Certified Family Nurse Practitioner (FNP-BC)
- D-4 Notice of Initial Denial dated October 23, 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 practitioner, [REDACTED], FNP-BC. The Department issued a Notice of Initial Denial (D-4) on October 23, 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 practitioner. 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 not documentation regarding findings of a physical examination by the referring practitioner or details regarding a worsening of the Claimant's symptoms. Ms. [REDACTED] stated information regarding activity modification, home exercise or physical therapy was not included. Without the omitted information, the criteria for the approval of the MRI could not be granted.
- 3) The Claimant testified that he already completed one course of physical therapy and is due to start another. The Claimant stated his neck hurts all the time and is unable to work as a result.

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 practitioner 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 8th day of January 2015

Kristi Logan
State Hearing Officer