



STATE OF WEST VIRGINIA
THE DEPARTMENT OF HEALTH AND HUMAN
RESOURCES

OFFICE OF INSPECTOR GENERAL

BOARD OF REVIEW

203 East Third Avenue
Williamson, WV 25661

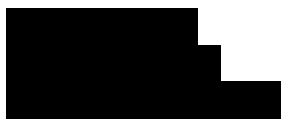
Earl Ray Tomblin
Governor

Karen L. Bowling
Cabinet Secretary

Phone: (304) 235-4680

Fax (304) 235-4667

February 18, 2016



RE: [REDACTED] v. WV DHHR
ACTION NO.: 16-BOR-1034

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,

Stephen M. Baisden
State Hearing Officer
Member, State Board of Review

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

cc: Angela Signore, WV Bureau for Medical Services

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

██████████,

Appellant,

v.

ACTION NO.: 16-BOR-1034

**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 February 17, 2016, on an appeal filed January 5, 2016.

The matter before the Hearing Officer arises from the December 4, 2015 decision by the Respondent to deny Medicaid payment for a Magnetic Resonance Imagery (MRI) scan of the Appellant's lumbar spine.

At the hearing, the Respondent appeared by Representative Stacy Hanshaw of the WV Bureau of Medical Services. Appearing as a witness for the Department was ██████████, RN, of APS Healthcare. The Appellant appeared *pro se*. The participants were sworn and the following documents were admitted into evidence.

Department's Exhibits:

- D-1 Bureau for Medical Services' Provider Manual, Chapter 528.1.3
- D-2 InterQual Smart Sheets, 2014 Imaging Criteria for MRI of the Lumbar Spine
- D-3 Imaging Services Authorization Request, submitted by Appellant's physician, ██████████, MD, on November 24, 2015
- D-4 Initial Denial Notifications from APS Healthcare, dated December 4, 2015

Appellant's Exhibits:

None

After a review of the record, including testimony, exhibits, and stipulations admitted into evidence, 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) The Appellant's physician, [REDACTED], MD, submitted to APS Healthcare a request for a Magnetic Resonance Imagery (MRI) scan of the Appellant's lumbar spine on November 24, 2015 (Exhibit D-3).
- 2) The Department determined that the physician's request was for a clinical presentation of a "suspected lumbar disc herniation or foraminal stenosis." The Department determined that the requesting physician did not provide sufficient documentation to establish the medical necessity for the requested study.
- 3) The Department denied the physician's request for imaging services, and issued a denial letter (Exhibit D-4), dated December 4, 2015.

APPLICABLE POLICY

WV Medicaid Provider Manual, §528.1.3 – "All requests for covered services requiring prior authorization must be submitted to the Utilization Management Contractor (UMC) for medical necessity determination. Nationally accredited, evidence-based, medically appropriate criteria such as InterQual or other medical appropriateness criteria approved by BMS [the WV Bureau for Medical Services] is utilized for reviewing medical necessity of services requested. It is the responsibility of the enrolled treating, prescribing, ordering or referring practitioner to submit a request to the UMC with relevant medical documentation that justifies the medical necessity of the proposed procedure/service. If the covered services are provided before the prior authorization is confirmed, the service will be denied and cannot be reimbursed by BMS."

InterQual 2014 Imaging Criteria for MRI of the Lumbar spine –A request for an MRI of the lumbar spine must document a clinical presentation or scenario that the imaging study is intended to address. The clinical presentation the request for the Appellant meant to address was suspected lumbar disc herniation or foraminal stenosis. For such a presentation, a request must document that the patient is experiencing unilateral radiculopathy (pain that radiates down one side of his or her body), with sensory deficit (numbness). A request must document that the physician attempted to treat the medical condition with non-steroidal anti-inflammatory drugs (NSAIDs) or acetaminophen for at least three weeks, activity modification for at least six weeks, and home exercise or physical therapy for at least six weeks.

DISCUSSION

The Department's witness, the WVMi nurse who evaluated the request, testified that the physician's request (Exhibit D-3) did not document any findings of radiculopathy, which is a

pinched nerve or irritation of a nerve in the spine. She testified that this irritation will run down a nerve, usually on one side of a person's body, leading to back pain with tingling, numbness or pain in one leg or arm. She stated that the physician's request did not document a failed trial of conservative treatments, including activity modification for six weeks or more, or home exercise or physical therapy for six weeks or more. She stated that the request did document that the physician prescribed acetaminophen for three weeks or more.

The Appellant testified that her back pain radiates out from her back to her shoulders and down to her knees. She stated that at times she could not stand due to the pain. She stated that the pain prevents her from doing housework chores such as vacuuming and sweeping, and she could not wash her dishes without taking occasional breaks. She added that her physician did not offer her any type of therapy, but if he had, she did not think she would be able to participate in it.

CONCLUSION OF LAW

The Appellant's physician did not provide sufficient information to meet the InterQual 2014 Imaging Criteria in the November 24, 2015, request for an MRI of the lumbar spine on the Appellant's behalf. Because the medical documentation did not meet the necessity criteria, the Department acted correctly to deny the services, pursuant to WV Medicaid Provider Manual, §528.1.3.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Department's decision to deny pre-authorization for an MRI of the Appellant's lumbar spine.

ENTERED this 18th Day of February, 2016.

Stephen M. Baisden
State Hearing Officer