

STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF COMMUNITY HEALTH
P.O. Box 30763, Lansing, MI 48909
(877) 833-0870; Fax: (517) 373-4147

IN THE MATTER OF:

██████████

Appellant.

_____ /

Docket No. 2013-62581 QHP

██████████

██████████

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon a Request for Hearing filed by Appellant.

After due notice, a hearing was held on ██████████. Appellant appeared and testified on his own behalf. ██████████ Appeals Coordinator, represented ██████████, the Respondent Medicaid Health Plan ("MHP"). ██████████, a Medical Director at the MHP, testified as a witness for Respondent.

ISSUE

Did the MHP properly deny Appellant's requests for Magnetic Resonance Imaging (MRI) of his cervical spine and lumbar spine?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. Appellant is a ██████ year-old Medicaid beneficiary enrolled in the Respondent MHP and who has been diagnosed with cervialgia and low back pain. (Respondent's Exhibit A, pages 15-16).
2. On or about ██████████, the MHP received a prior authorization request for MRIs of Appellant's cervical spine and lumbar spine. (Respondent's Exhibit A, pages 22-24).
3. On ██████████, the MHP sent Appellant written notice that the requests were being denied. (Respondent's Exhibit A, pages 19-20).
4. Specifically, the denial stated that the requests were being denied because:

InterQual Imagine, Magnetic Resonance Imaging (MRI), Cervical Spine and InterQual Imaging, Magnetic Resonance Imaging (MRI), Lumbar Spine criteria requires evidence of one-sided weakness or loss of reflexes, nerve testing, showing spinal nerve problem, or a failure of treatment with medications and a recently completed home exercise program (HEP) or course of physical therapy. There is no evidence of these requirements being met. The medical records we received showed chronic back and neck pain. Please discuss your healthcare concerns with your provider.

Respondent's Exhibit A, page 19

5. On ██████████, the Michigan Administrative Hearing System (MAHS) received a Request for Hearing filed by Appellant with respect to the denials of the prior authorization requests. (Petitioner's Exhibit 1, pages 1-2).

CONCLUSIONS OF LAW

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

In 1997, the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans.

The Respondent is one of those MHPs. With respect to such MHPs, their contract with the Michigan Department of Community Health ("MDCH" or "Department") provides:

The covered services that the Contractor has available for enrollees must include, at a minimum, the covered services listed below. The Contractor may limit services to those which are medically necessary and appropriate, and which conform to professionally accepted standards of care. The Contractor must operate consistent with all applicable Medicaid provider manuals and publications for coverages and limitations. If new services are added to the Michigan

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Medicaid Program, or if services are expanded, eliminated, or otherwise changed, the Contractor must implement the changes consistent with State direction in accordance with the provisions of Contract Section 2.024.

Although the Contractor must provide the full range of covered services listed below they may choose to provide services over and above those specified. The covered services provided to enrollees under this Contract include, but are not limited to, the following:

- Ambulance and other emergency medical transportation
- Blood lead testing in accordance with Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) policy
- Certified nurse midwife services
- Certified pediatric and family nurse practitioner services
- Chiropractic services
- Diagnostic lab, x-ray and other imaging services
- Durable medical equipment (DME) and supplies
- Emergency services
- End Stage Renal Disease services
- Family planning services (e.g., examination, sterilization procedures, limited infertility screening, and diagnosis)
- Health education
- Hearing and speech services
- Hearing aids
- Home Health services
- Hospice services (if requested by the enrollee)
- Immunizations
- Inpatient and outpatient hospital services
- Intermittent or short-term restorative or rehabilitative services (in a nursing facility), up to 45 days
- Restorative or rehabilitative services (in a place of service other than a nursing facility)
- Medically necessary weight reduction services
- Mental health care – maximum of 20 outpatient visits per calendar year
- Out-of-state services authorized by the Contractor
- Outreach for included services, especially pregnancy-related and Well child care

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- Parenting and birthing classes
- Pharmacy services
- Podiatry services
- Practitioners' services (such as those provided by physicians, optometrists and dentists enrolled as a Medicaid Provider Type 10)
- Prosthetics and orthotics
- Tobacco cessation treatment including pharmaceutical and behavioral support
- Therapies (speech, language, physical, occupational) excluding services provided to persons with development disabilities which are billed through Community Mental Health Services Program (CMHSP) providers or Intermediate School Districts.
- Transplant services
- Transportation for medically necessary covered services
- Treatment for sexually transmitted disease (STD)
- Vision services
- Well child/EPSTD for persons under age 21

*Section 1.022(E)(1), Covered Services.
MDCH contract (Contract) with the Medicaid Health Plans,
October 1, 2009.*

As stated in the Department-MHP contract language above, a MHP, “must operate consistent with all applicable Medicaid Provider Manuals and publications for coverages and limitations.” The pertinent section of the Michigan Medicaid Provider Manual (MPM) states:

10.1 RADIOLOGY SERVICES

Medically necessary radiological services are covered when ordered by a physician to diagnose or treat a specific condition based on the beneficiary’s signs, symptoms, and past history as documented in the medical record. Radiology services include diagnostic and therapeutic radiology, nuclear medicine, CT scan procedures, magnetic resonance imaging (MRI) services, diagnostic ultrasound, and other imaging procedures. Medical need for all services must be documented in the medical record and are subject to post-payment review.

*MPM, April 1, 2013 version
Practitioner Chapter, page 53*

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The DCH-MHP contract provisions also allow prior approval procedures for utilization management purposes. The MHP reviews prior approval requests under the InterQual Imaging guidelines. (Respondent's Exhibit A, pages 2-14)

With respect to MRI of the cervical spine, those guidelines state in part:

Magnetic Resonance Imaging (MRI), Cervical Spine

INDICATION(S)

- 100 Suspected nerve root compression by cervical disc herniation/spondylosis (spinal stenosis)

- 100 Suspected nerve root compression by cervical disc herniation/spondylosis (spinal stenosis) **[One]**
- 110 Unilateral radiculopathy with motor deficit **[One]**
- 111 Severe weakness/mild atrophy in nerve root distribution by PE
- 112 Mild to moderate weakness in a nerve root distribution by PE **[One]**
 - 1 Continued Sx/findings after Rx **[Both]**
 - A) NSAID **[One]**
 - 1) Rx \geq 3 wks
 - 2) Contraindicated/not tolerated
 - B) Activity modification \geq 6 wks
 - 2 Worsening weakness/motor deficit
- 120 Unilateral radiculopathy with sensory deficit **[One]**
- 121 Refractory severe pain in nerve root distribution **[All]**
 - 1 Pain unrelieved by change in body position
 - 2 Interferes with ADLs
 - 3 Continued severe pain after Rx **[Both]**
 - A) NSAID **[One]**
 - 1) Rx \geq 3 wks
 - 2) Contraindicated/not tolerated
 - B) Opiate **[One]**
 - 1) Rx \geq 3 wks
 - 2) Contraindicated/not tolerated
- 122 Mild to moderate pain/paresthesias/numbness in a nerve root distribution **[One]**
 - 1 Continued Sx/finding after RX **[Both]**
 - A) NSAID **[One]**
 - 1) Rx \geq 3 wks
 - 2) Contraindicated/not tolerated
 - B) Activity modification \geq 6 wks
 - 2 Worsening Sx/findings

Respondent's Exhibit A, pages 6-7

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Similarly, with respect to an MRI of the lumbar spine, those guidelines state in part:

Magnetic Resonance Imaging (MRI), Lumbar Spine

INDICATION(S)

- 101 Suspected nerve root compression by lumbar disc herniation/foraminal stenosis

- 100 Suspected nerve root compression by cervical disc herniation/spondylosis (spinal stenosis) **[One]**
 - 110 Unilateral radiculopathy with motor deficit **[One]**
 - 111 Severe weakness/mild atrophy in nerve root distribution by PE
 - 112 Mild to moderate weakness in a nerve root distribution by PE **[One]**
 - 1 Continued Sx/findings after Rx **[Both]**
 - A) NSAID **[One]**
 - 1) Rx ≥ 3 wks
 - 2) Contraindicated/not tolerated
 - B) Activity modification ≥ 6 wks
 - 2 Worsening weakness/motor deficit
 - 120 Unilateral radiculopathy with sensory deficit **[One]**
 - 121 Refractory severe pain in nerve root distribution **[All]**
 - 1 Pain unrelieved by change in body position
 - 2 Interferes with ADLs
 - 3 Continued severe pain after Rx **[Both]**
 - A) NSAID **[One]**
 - 1) Rx ≥ 3 wks
 - 2) Contraindicated/not tolerated
 - B) Opiate **[One]**
 - 1) Rx ≥ 3 wks
 - 2) Contraindicated/not tolerated
 - 122 Mild to moderate pain/paresthesias/numbness in a nerve root distribution **[One]**
 - 1 Continued Sx/finding after RX **[Both]**
 - A) NSAID **[One]**
 - 1) Rx ≥ 3 wks
 - 2) Contraindicated/not tolerated
 - B) Activity modification ≥ 6 wks
 - 2 Worsening Sx/findings

Respondent's Exhibit A, pages 2-3

Here, as noted by the Respondent's witness, the documentation submitted along with the prior authorization requests merely provides that Appellant has had increasing problems with neck pain, shoulder pain, and arm pain associated with headaches.

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There is also no further explanation of the reason for the requested MRIs or evidence even suggesting that Appellant meets the specific requirements outlined above.

In response, Appellant testified that he does meet those requirements. However, there was no evidence supporting that testimony attached to the prior authorization requests and this Administrative Law Judge is limited to reviewing the MHP's decision in light of the information available at the time it made that decision. Here, given the limited information submitted to the MHP and the failure to demonstrate that Appellant met the criteria for the requested procedures, the MHP's decision must be affirmed.

To the extent Appellant has new or updated information to provide, he is free to submit another prior authorization request at any time. The denials at issue in this case, however, must be sustained given the information submitted in support the prior authorization requests.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the MHP properly denied Appellant's requests for MRIs.

IT IS THEREFORE ORDERED that:

The Medicaid Health Plan's decision is **AFFIRMED**.



Steven Kibit
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

SK/db

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

cc: [REDACTED]

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***** NOTICE *****

The Michigan Administrative Hearing System may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The Michigan Administrative Hearing System will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 60 days of the mailing date of the Decision and Order or, if a timely request for rehearing was made, within 60 days of the mailing date of the rehearing decision.