

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**
P.O. Box 30763, Lansing, MI 48909
(517) 335-2484; Fax: (517) 373-4147

IN THE MATTER OF:

██████████

Appellant

Docket No. 15-008776 MHP

██████████

██████████

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 on the minor Appellant's behalf.

After due notice, a telephone hearing was held on ██████████ ██████████ Appellant's mother, appeared and testified on Appellant's behalf. ██████████ Inquiry Dispute Appeal Resolution Coordinator, represented ██████████ ██████████ the Respondent Medicaid Health Plan (MHP). ██████████ Medical Director, testified as a witness for the MHP.

ISSUE

Did the MHP properly deny Appellant's prior authorization request for a magnetic resonance imaging (MRI) of the cervical spine without dye?

FINDINGS OF FACT

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

1. On or about ██████████ the MHP received a prior authorization request submitted on Appellant's behalf by a ██████████ and requesting an MRI of the brain and an MRI of the cervical spine. (Exhibit A, pages 3-5).
2. In that request, the doctor indicated that Appellant has a diagnosis of headaches. (Exhibit A, page 3).
3. Along with the prior authorization request, Appellant's doctor also attached medical records indicating that the ██████████ year-old Appellant has had migraine headaches since age six, the headaches occur daily, and that Appellant has been using a variety of over-the-counter medications. (Exhibit A, page 6).

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4. The medical documentation also indicated that Appellant's doctor had tried to steer Appellant to treatment of the headaches and had recommended that Appellant be treated with a daily medication to prevent the headaches, but Appellant's mother had refused and only wanted MRIs to make sure that Appellant did not have a herniated disc like Appellant's mother once had. (Exhibit A, page 6).
5. The MHP reviewed the request and approved the MRI of the brain. (Testimony of [REDACTED])
6. However, the MHP also denied the request for the MRI of the cervical spine after finding that Appellant did not meet the criteria for the procedure identified in the InterQual Guidelines used by the MHP. (Testimony of [REDACTED])
7. On [REDACTED], the MHP sent Appellant written notice that the request for a MRI of the cervical spine was denied. (Exhibit A, pages 37-41).
8. Regarding the reason for the denial, the notice stated:

This test 72141 MRI (Magnetic Resonance Imaging) Neck Spine without dye is not approved. A [REDACTED] doctor used accepted rules (InterQual Guidelines) to see if this test is needed. You must meet the rules for MRI of the Neck Spine. Information we received shows that you have headaches. It does not show exam findings such as unequal reflexes or weakness on one side. It does not show therapy records showing a recent course of special exercises (physical therapy or home exercise) has been tried and has not helped. You do not meet the rules for this test. Please talk to the provider about health care options.

Exhibit A, page 37

9. On [REDACTED] the Michigan Administrative Hearing System (MAHS) received the request for hearing filed in this matter. (Exhibit 1, page 1).

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 statutes, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

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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 and, as provided in the Medicaid Provider Manual (MPM), is responsible for providing covered services pursuant to its contract with the Department:

The Michigan Department of Community Health (MDCH) contracts with Medicaid Health Plans (MHPs), selected through a competitive bid process, to provide services to Medicaid beneficiaries. The selection process is described in a Request for Proposal (RFP) released by the Office of Purchasing, Michigan Department of Technology, Management & Budget. The MHP contract, referred to in this chapter as the Contract, specifies the beneficiaries to be served, scope of the benefits, and contract provisions with which the MHP must comply. Nothing in this chapter should be construed as requiring MHPs to cover services that are not included in the Contract. A copy of the MHP contract is available on the MDCH website. (Refer to the Directory Appendix for website information.)

MHPs must operate consistently with all applicable published Medicaid coverage and limitation policies. (Refer to the General Information for Providers and the Beneficiary Eligibility chapters of this manual for additional information.) Although MHPs must provide the full range of covered services listed below, MHPs may also choose to provide services over and above those specified. MHPs are allowed to develop prior authorization requirements and utilization management and review criteria that differ from Medicaid requirements. The following subsections describe covered services, excluded services, and prohibited services as set forth in the Contract.

*MPM, April 1, 2015 version
Medicaid Health Plan Chapter, page 1
(Emphasis added by ALJ)*

Here, pursuant to the authority granted under both its contract with the Department and the above language of the MPM, the MHP has developed prior authorization requirements and utilization management and review criteria. Specifically, as testified to by ██████████, the MHP uses InterQual Guidelines. ██████████ also testified that, with respect to MRIs of the cervical spine, those guidelines identify a number of clinical

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scenarios where an MRI would be approved, but that Appellant does not meet any of those scenarios in this case as the submitted documentation merely provided that she suffers from migraine headaches and there is no evidence of other symptoms or failed conservative treatments in the past that would justify an MRI.

In response, Appellant's representative testified that the representative suffered from migraine headaches in the past because of a herniated disc and that she believes that Appellant, who has had accidents in the past, has a similar issue. Appellant's representative also confirmed that Appellant's doctor was not recommending an MRI and instead wanted Appellant to take pills every day.

Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in denying the request for an MRI. Moreover, the undersigned Administrative Law Judge is limited to reviewing the MHP's decision in light of the information available at the time the decision was made.

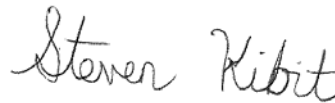
Given the available evidence and applicable policies in this case, Appellant has failed to meet that burden of proof. It is undisputed that Appellant has been diagnosed with migraine headaches for years, but that diagnosis alone does not justify an MRI of the cervical spine and the fact that her mother had a herniated disc is irrelevant to Appellant's case. Even Appellant's doctor is recommending different treatment given Appellant's lack of other symptoms or attempts at other treatment, and there is no evidence even suggesting that Appellant meets any of the criteria identified in the InterQual Guidelines. Accordingly, the MHP's decision must be affirmed.

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 prior authorization request for an MRI of the cervical spine.

IT IS THEREFORE ORDERED that:

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



Steven Kibit
Administrative Law Judge
for Director, Nick Lyon

Michigan Department of Health and Human Services

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

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SK/db

cc:

[REDACTED]

***** NOTICE *****

The Michigan Administrative Hearing System 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 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.