



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

SHELLY EDGERTON
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: December 21, 2016
MAHS Docket No.: 16-014397
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Steven Kibit

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 the Petitioner's request for a hearing.

After due notice, a telephone hearing was held on December 1, 2016. Petitioner appeared and testified on her own behalf. [REDACTED], Appeals and Grievance Coordinator, appeared and testified on behalf of [REDACTED], the Respondent ([REDACTED]). [REDACTED], M.D. and Medical Director for Respondent, also testified as a witness for the MHP.

ISSUE

Did Respondent properly deny Petitioner's request for magnetic resonance imaging (MRI) of the brain?

FINDINGS OF FACT

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

1. Petitioner is a sixty-three-year-old Medicaid beneficiary enrolled in the Respondent MHP. (Exhibit A, page 3).
2. On or about September 16, 2016, Respondent received a prior authorization request submitted on Petitioner's behalf for an MRI of the brain. (Exhibit A, pages 3-13).
3. The prior authorization form identified Petitioner as having a diagnosis of headache. (Exhibit A, page 3).

4. Medical documentation submitted along with the prior authorization request provided that Petitioner presented to her doctor's office on [REDACTED] with complaints of seizures, "headaches unchanged since last seen", stiffness, and a cracking sound in neck when turning to the left. (Exhibit A, page 4).
5. The note regarding that office visit identified the plan of care as including "MRI BRAIN EPILESPY PROTOCOL (W/ &W/O)". (Exhibit A, page 8).
6. The submitted medical documentation also included a report of an MRI of Petitioner's cervical spine on [REDACTED] that found no evidence of significant central canal narrowing. (Exhibit A, page 13).
7. On September 28, 2016, Respondent sent Petitioner written notice that the prior authorization request was denied. (Exhibit A, pages 14-18).
8. Regarding the reason the for denial, the notice stated in part:

Your provider ordered a special test (MRI (Magnetic Resonance Imaging)) of the brain. The test is not approved. A Molina Healthcare doctor looked at this request using standard and accepted guidelines. It does not show medical need for this test. The information sent in shows that you have seizures that are stable on medication. It does not show results of testing (such as Brain MRI or CT (Computed Tomography)) done in the past. It does not show the reason this test is needed now. Your provider must show medical need before the request can be approved. Please talk to your provider about what else can be done. (CRITERIA USED FOR DECISION: InterQual Guidelines; CP: Imaging, Subset: Imaging; Brain; 2016).

Exhibit A, page 50

9. On October 11, 2016, the Michigan Administrative Hearing System (MAHS) received a request for hearing filed by Petitioner with respect to that denial. (Exhibit A, page 2).

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) 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.

On May 30, 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 services pursuant to its contract with the Department:

The Michigan Department of Health and Human Services (MDHHS) 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 MDHHS 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, July 1, 2016 version
Medicaid Health Plans Chapter, page 1
(Emphasis added by ALJ)*

Pursuant to the above policy and its contract with the Department, the MHP has developed prior authorization requirements and utilization and management and review criteria.

In particular, as testified to by Respondent's witness and provided in its exhibit, Respondent uses InterQual Guidelines. The MHP's Medical Director also testified that, with respect to MRIs of the brain, those guidelines identify a number of clinical scenarios where the procedures would be approved, including scenarios based on new headaches or chronic headaches. Moreover, where a client has been diagnosed with chronic headaches, Respondent's witness noted that the guidelines require that the client also have papilledema by physician examination; focal neurologic finding by physical examination; headache with syncope by history, mental status changes by history or physical examination; or worsening of previously stable chronic headache by history, in order for the MRI to be approved. See *also* Exhibit A, page 20.

Respondent's witness also testified that, while Petitioner has been diagnosed with chronic headaches in this case, the headaches were also noted to be unchanged; there is no evidence of papilledema or focal neurologic finding; and any syncope Petitioner had is not documented as being related to or contemporaneous with any headaches. Accordingly, given that lack of evidence, Respondent's witness testified that Petitioner did not meet the criteria for an MRI of the brain.

Respondent's witness further testified that, while the submitted medical documentation discussed Petitioner's seizures and other InterQual guidelines address requests for MRI of the brain based on seizures, those guidelines were not addressed in this case because, while Petitioner has seizures, the request form only identified her diagnosis of headaches as the basis for the request. He also noted that, even if that other criteria had been considered, Petitioner's request would still have been denied as there were no changes in her seizures that would demonstrate the need for an MRI.

Overall, in light of the medical documentation and the concerns identified by Petitioner during the hearing, Respondent's witness also opined that Petitioner likely needs a CT scan of neck rather than an MRI of the brain.

In response, Petitioner testified that she needs the MRI due to her seizures, and the risk of falling they cause; the cracking and lump in her neck; her headaches; and the pain in her shoulder and neck. Petitioner also testified that she does not know why her doctor only identified a diagnosis of headaches on the prior authorization form, but that she does have multiple medical issues. She further testified that she has never had a CT scan of her neck and, while the record contains a report of an MRI of the neck completed in October of 2015, she does not recall that test.

Petitioner bears the burden of proving by a preponderance of the evidence that Respondent erred in denying her prior authorization request. 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, Petitioner has failed to meet that burden of proof and the MHP's decision must be affirmed. While the submitted medical documentation appeared to identify multiple medical issues and diagnoses that Petitioner has, the prior authorization form itself only identified her headaches as the basis for requesting the imaging study and the other conditions, including Petitioner's seizures, need not have been considered by Respondent. Moreover, while headaches may warrant an MRI of the brain in certain circumstances, the above guidelines identify specific criteria for when that would occur and Petitioner does not meet that criteria in this case. Accordingly, based on the submitted request and the applicable policies, Petitioner has failed to meet her burden of proof and the denial of her prior authorization request must be affirmed.

To the extent Petitioner has additional or updated information that would demonstrate the need for the procedure or she wants to request an MRI of the brain due to her seizures, she and her doctor are free to have a new prior authorization submitted along with that information. With respect to the decision at issue in this case however, Petitioner has failed to meet her burden of proof and the denial of her prior authorization requests must be affirmed.

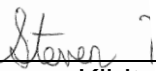
DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that Respondent properly denied Petitioner's prior authorization request for a MRI.

IT IS, THEREFORE, ORDERED that:

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

SK/tm



Steven Kibit
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30763
Lansing, Michigan 48909-8139

DHHS -Dept Contact

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