STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105

2017
SIGNATURE CONFIRMATION

CLIENT ID #
HEARING ID # 812793

NOTICE OF DECISION

PARTY

PROCEDURAL BACKGROUND

On 2017, the Department of Social Services (the "Department"), through its Administrative Service Organization, Community Health Network of Connecticut, Inc. ("CHNCT"), sent (the "Appellant") a Notice of Action ("NOA") denying a request for prior authorization services indicating MRI of the cervical and lumbar spines was not medically necessary.

On 2017, the Appellant requested an administrative hearing to contest the Department's denial of MRI of the cervical spine and lumbar spines.

On 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") scheduled an administrative hearing for 2017.

On 2017, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals participated in the hearing via telephone conference call:

, Appellant
Robin Goss, RN, BSN, CHNCT Representative
Alexandra Washington, Radiology Consultant, Evercare Healthcare
Carla Hardy, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether the Department's decision to deny MRI of the cervical spine because it is not medically necessary is correct.

FINDINGS OF FACT

1. The Appellant is 61 years old (D.O.B. [redacted]/56). (Exhibit 1: Prior authorization request, [redacted]/17)

2. The Appellant is a participant in the Medicaid program, as administered by the Department of Social Services (the "Department"). (Hearing Record)

3. CHNCT is the Department's contractor for reviewing medical requests for prior authorization of medical services. (Hearing Record)

4. The Appellant's medical history includes Hypertension, CHF, Diabetes mellitus, COPD, back problems, CKD, and Pure hypercholesterolemia. (Exhibit 1: Prior Authorization Request, [redacted]/17)

5. The Appellant's surgical history includes total hysterectomy, back surgery-lumbar, colonoscopy, neck surgery. (Exhibit 1)

6. The Appellant had neck and back surgery five years ago. (Appellant's Testimony)

7. Dr. [redacted] ("primary care physician") is the Appellant's primary care physician. (Appellant's Testimony)

8. On [redacted] 2016, the Appellant had an MRI of the cervical spine. (CHNCT's Testimony)

9. An MRI is a detailed picture of the soft tissue in the body. (CHNCT's Testimony)

10. The Appellant's primary care physician did not recommend a course of treatment after the [redacted] 2016 MRI of the cervical spine (Appellant's Testimony)

11. The Appellant suffers from increased weakness in her hands and arms since her MRI of cervical spine in November 2016. She cannot brush her teeth or cook without taking breaks but hasn't discussed this condition with her primary care physician. (Appellant's Testimony)

12. On [redacted] 2017, CHNCT received a prior authorization request from Dr. [redacted], primary care provider for an MRI of the lumbar and

cervical spines for diagnoses of neck and back pain. (Exhibit 1, Hearing Summary)

13. On [redacted] 2017, CHNCT received additional information from Dr. [redacted]. (Exhibit 2: Additional Prior Authorization Information, [redacted]/17)

14. On [redacted] 2017, CHNCT denied the prior authorization request for MRI of the lumbar spine noting that spinal imaging is not generally necessary during the first six weeks of symptoms except when a "red flag" finding is noted. An MRI might be supported in the evaluation of suspected or known spinal disease with one of the following: 1) failure to improve after a recent six week trial of physician-guided clinical care (treatment or observation) with clinical re-evaluation, or 2) any signs or symptoms such as significant motor weakness, recent malignancy or infection, cauda equine syndrome, for which conservative treatment is not needed. The clinical information received fails to support meeting these requirements. (Exhibit 4: Medical Review, [redacted]/17)

15. On [redacted] 2017, CHNCT's Medical Reviewer denied the prior authorization request for MRI of the cervical spine noting that the clinical information reviewed shows that the same test or one similar to the requested study was previously performed. The results of the prior imaging were provided, but do not show why these results are not sufficient for the evaluation of the current clinical condition. Additional imaging is not supported without a clear reason why it is needed. (Exhibit 4)

16. On [redacted] 2017, CHNCT sent a Notice of Action ("NOA") denying prior authorization request for Magnetic Resonance Imaging ("MRI") of the lumbar spine and MRI of the cervical spine because it is not medically necessary pursuant to section 17b-259b(a)(1) of the Connecticut General Statues because it does not meet generally accepted standards of care. The records show the Appellant has back and/or neck pain. An MRI is supported for this problem if one the following applies: 1) you failed to improve following at least 6 weeks of doctor prescribed treatment and/or observation, and you had follow up contact with your doctor to assess your progress after the 6 weeks; 2) you have severe weakness; 3) you had a recent tissue sample taken for lab testing result that was not normal; 4) you had a recent infection; 5) you have had cancer in the recent past; 6) you have had damage to your cauda equina causing loss of function of the nerve roots at the bottom of your spine. Your records do not show that one or more of these apply to you. (Exhibit 5: Notice of Action, [redacted]/17)

17. On [redacted] 2017, the Appellant requested a hearing to contest the denial of MRI of the lumbar and cervical spines. (Exhibit 6: Hearing Request, [redacted]/17)

18. On [redacted] 2017, CHNCT sent a notice to the Appellant denying her request for an expedited hearing. (Exhibit 7: Denial of Expedited Hearing)

19. On [redacted] 2017, CHNCT notified the Appellant's primary care physician, Dr. [redacted], Dr. [redacted] and [redacted] of the Appellant's appeal and requested additional documentation showing the need for MRI of the lumbar and cervical spines. CHNCT received additional information from the Appellant's primary care physician. (Exhibits 8 and 9: Medical Record Requests and Hearing summary)

20. On [redacted] 2017, CHNCT received information from Dr. [redacted] office. (Hearing Summary)

21. On [redacted] 2017, CHNCT received medical records from [redacted]. (Exhibit 10: Medical Records from [redacted])

22. On [redacted] 2017, CHNCT conducted another medical review. The denial of services was partially upheld. The reviewer overturned the denial of MRI of the lumbar spine. The denial of MRI of the cervical spine was upheld, noting the Appellant's only complaint was neck pain. Without any physical exam findings indicating other pathology, the MRI from [redacted]/16 delineates the etiology of the diagnosis "Cervicalgia". A further MRI study is not indicated. (Exhibit 12: Medical Review, [redacted]/17)

23. On [redacted] 2017, CHNCT sent a determination letter to the Appellant approving the MRI of the lumbar spine and upholding the denial of authorization for MRI of the cervical spine. (Exhibit 13: Determination letter, [redacted]/17)

CONCLUSIONS OF LAW

1. The Department is the designated state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act and may make such regulations as are necessary to administer the medical assistance program. [Conn. Gen. Stat. §17b-2(8); Conn. Gen. Stat. §17b-262]

2. For purposes of the administration of the medical assistance programs by the Department of Social Services, "medically necessary" and "medical necessity" mean those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are

defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition. [Conn. Gen. Stat. § 17b-259b(a)]

Clinical policies, medical policies, clinical criteria or any other generally accepted clinical practice guidelines used to assist in evaluating the medical necessity of a requested health service shall be used solely as guidelines and shall not be the basis for a final determination of medical necessity. [Conn. Gen. Stat. 17b-259b(b)]

Upon denial of a request for authorization of services based on medical necessity, the individual shall be notified that, upon request, the Department of Social Services shall provide a copy of the specific guideline or criteria, or portion thereof, other than the medical necessity definition provided in subsection (a) of this section, that was considered by the department or an entity acting on behalf of the department in making the determination of medical necessity. [Conn. Gen. Stat. 17b-259b(c)]

The Department of Social Services shall amend or repeal any definitions in the regulations of Connecticut state agencies that are inconsistent with the definition of medical necessity provided in subsection (a) of this section, including the definitions of medical appropriateness and medically appropriate, that are used in administering the department's medical assistance program. The commissioner shall implement policies and procedures to carry out the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal not later than twenty days after implementation. Such policies and procedures shall be valid until the time the final regulations are adopted. [Conn. Gen. Stat. 17b-259b(d)]

3. CHNCT correctly determined that the Appellant did not provide medical documentation to establish MRI of the cervical spine is medically necessary.

4. CHNCT was correct to deny the request for MRI of the cervical spine as it is not medically necessary.

DECISION

The Appellant's appeal is **DENIED.**

Carla Hardy
Hearing Officer

Pc: appeals@chnct.org
Fatmata Williams, DSS

RIGHT TO REQUEST RECONSIDERATION

The appellant has the right to file a written reconsideration request within **15** days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within **25** days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Legal Counsel, Regulations, and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The **45** day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than **90** days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or his designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.