

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

██████████
SIGNATURE CONFIRMATION

Client ID ██████████
Hearing ID # 116580

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, the Department of Social Services (the “Department”), through its medical Administrative Services Organization, Community Health Network of Connecticut, Inc. (“CHNCT”), sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying a request for prior authorization of Husky Medicaid payment for an MRI of the lumbar spine without contrast.

On ██████████, the Appellant requested an administrative hearing to contest the Department’s denial of an MRI of the lumbar spine without contrast.

On ██████████, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) scheduled an administrative hearing for ██████████

On ██████████, 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 video and telephone conferencing:

██████████, Appellant
██████████, Translator, (Spanish)
Fabiola Goin, CHNCT Representative
Renaë Hendrickson, EviCore Representative, (via telephone)
Shelley Starr, Hearing Officer

The hearing record remained open for the submission of additional evidence from the Appellant. On [REDACTED] hearing record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether CHNCT correctly denied the Appellant's medical provider's request for prior authorization of Husky Medicaid payment for an MRI of the lumbar spine without contrast.

FINDINGS OF FACT

1. The Appellant is [REDACTED] years old [REDACTED]. (Appellant's Testimony; Exhibit 1: Prior authorization request received [REDACTED])
2. The Appellant is a participant in the Husky A Medicaid program, as administered by the Department of Social Services (the "Department"). (Hearing Summary; Hearing Record)
3. CHNCT is the Department's contractor for reviewing medical requests for prior authorization of medical services. (Hearing Record)
4. EviCore is CHNCT's radiology subcontractor for evaluating prior authorization requests. (CHNCT's Testimony; EviCore Testimony)

[REDACTED] The Appellant's medical history includes [REDACTED] and a [REDACTED] injury resulting from a car accident in which [REDACTED] ago. (Appellant's Testimony; Exhibit 10: medical review request dated [REDACTED], [REDACTED])

[REDACTED] The Appellant has symptoms of [REDACTED] from her [REDACTED]. [REDACTED] is unable to walk long distances and has difficulty bending due to the pain [REDACTED] lower back. (Appellant's Testimony; [REDACTED] Medical Review Request [REDACTED], [REDACTED])

7. The Appellant's pain has been worsening. (Appellant's Testimony)

[REDACTED] The Appellant's current medication regimen for [REDACTED] includes [REDACTED]. In addition [REDACTED] she takes various over the counter and prescribed medications. (Appellant's Testimony; Exhibit 10: Medical Review Request dated [REDACTED] Exhibit A: [REDACTED])

Dr. [REDACTED], is the Appellant's [REDACTED] (Appellant's Testimony; Exhibit 1: Prior Authorization Request received [REDACTED])

On [REDACTED], CHNCT received a prior authorization request from [REDACTED], for an MRI of the lumbar spine without contrast for a diagnosis of [REDACTED]. (Hearing Summary; CHNCT's Testimony; Exhibit 1: [REDACTED] authorization request received [REDACTED])

11. "[REDACTED] is a term which define back or spinal nerve pain. (CHNCT's Testimony)

12. An MRI of the lumbar spine without contract is a detailed MRI imaging of the lumbar spine without having IV contrast administered in areas. (CHNCT's Testimony; Hearing Record)

13. On [REDACTED], CHNCT through EviCore, completed a review and denied the prior authorization request for an 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" findings 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 infections, cauda equine syndrome, for which conservative treatment is not needed. The clinical information received fails to support meeting these requirements.(Exhibit 2: Medical Review dated [REDACTED]; Hearing Summary)

On [REDACTED], the Appellant filed an appeal contesting the denial of the MRI without contrast of the lumbar spine.(Exhibit 8: Administrative Hearing Request received [REDACTED])

15. On [REDACTED], CHNCT notified [REDACTED] of the Appellant's appeal and requested additional documentation showing the need for the MRI of the lumbar spine. The clinical information that was requested included clinical documentation showing failure to improve after a recent (within 3 months) 6 week trial of physician-guided clinical care with clinical re-evaluation, clinical documentation of the member's signs or symptoms and a letter of medical necessity that indicates why the MRI is medically necessary. The information was due by [REDACTED]. (Exhibit 6: Letter sent to [REDACTED])

16. On [REDACTED], CHNCT was notified by [REDACTED] office that there is no additional information to provide. (CHNCT's Testimony; Hearing Summary)

17. On [REDACTED], CHNCT sent the appeal for a Medical Review by EviCore. (Hearing Summary; Department's Testimony)

[REDACTED] On [REDACTED], the Medical Review was completed and the denial was upheld. CHNCT reaffirmed its denial of prior authorization of an MRI due to the lack of a failed trial of recent conservative management, with a lack of documented clinical re-evaluation. (Exhibit 11: Medical Review, dated [REDACTED])

[REDACTED] On [REDACTED], CHNCT sent a determination letter to the Appellant [REDACTED] of the denial of the MRI of the lumbar spine and upholding the denial of authorization, because the requested MRI information provided by your doctor, does not support the medical necessity criteria for approval in accordance with the Connecticut General Statutes. (Exhibit 12: Determination letter, dated [REDACTED])

20. There is a lack of evidence in the hearing record, demonstrating that the Appellant attempted to alleviate [REDACTED] and symptoms with a recent six week trial of physician-guided clinical care with clinical re-evaluation, or the demonstration of any "red flag" signs or symptoms such as significant motor weakness, recent malignancy or infection or cauda equine syndrome. (Hearing Record; Appellant's Testimony)

21. The Appellant did not establish that an MRI of the lumbar spine, without contrast is medically necessary and clinically appropriate.

CONCLUSIONS OF LAW

1. Section 17b-2 (6) & § 17b-262 of the Connecticut General Statutes provides in part that the Department of Social Services 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.
2. Regulation addresses the requirements of prior authorization. Subsection (a) provides that prior authorization, to determine medical appropriateness and medical necessity, shall be required as a condition of payment for certain Medical Assistance Program goods or services as set for in the regulations of the department governing specific provider types and specialties. The department shall not make payment for such goods and services when such authorization is not obtained by the provider of the goods or services. [Conn Agencies Regs. § 17b-262-528]

3. State statute provides that 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)]

State statute provides that 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)]

State statute provides that 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)]

4. Regulation provides in part that the department shall pay for (a) medically appropriate and medically necessary radiology or ultrasound center services as published in the department's fee schedule when ordered by a licensed physician or licensed practitioner of the healing arts. [Conn Agency Regs. § 17b-262-516]

CHNCT correctly determined that the Appellant did not provide medical documentation to establish that an MRI of the lumbar spine without contrast is medically appropriate and necessary.

CHNCT was correct to deny the Appellant's medical provider's request for prior authorization of Husky Medicaid payment for an MRI of the lumbar spine without contrast as it is not medically necessary.

DECISION

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


Shelley Starr
Hearing Officer

cc: 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.