

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

██████████ 2018
SIGNATURE CONFIRMATION

Client # ██████████
Hearing ID # 124555

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2018, 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 (spinal canal and contents), without contrast material.

On ██████████ 2018, the Appellant requested an administrative hearing to contest the Department's denial of an MRI of the lumbar spine.

On ██████████, 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") scheduled an administrative hearing for ██████████, 2018.

On ██████████ 2018, the Appellant requested a continuance which OLCRAH granted.

On ██████████ 2018, the OLCRAH scheduled an administrative hearing for ██████████ 2018.

On ██████████ 2018, the OLCRAH rescheduled the hearing as a phone hearing for ██████████ 2018.

On [REDACTED], 2018, the OLCRAH rescheduled the hearing as a home visit for [REDACTED] 2018.

On [REDACTED], 2018, 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 at the Appellant's home at [REDACTED]

The following individuals participated in the hearing at the Appellant's home and via telephone conference:

[REDACTED], Appellant
Robin Goss, CHNCT Representative
Heather Shea, CHNCT Representative
Renee Hendrickson, EviCore Representative
Ahmed Aboalaial, Interpreter, Interpreters and Translators, Inc.
Thomas Monahan, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether CHNCT's decision to deny authorization of Husky Medicaid payment for an MRI of the lumbar spine (spinal canal and contents) without contrast because it is not medically necessary is correct.

FINDINGS OF FACT

1. The Appellant is 74 years old [REDACTED]. (Exhibit 1: Prior authorization request, [REDACTED])
2. The Appellant is a participant in the Husky C 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. EviCore is CHNCT's radiology subcontractor for evaluating prior authorization requests. (Hearing record)
5. The Appellant has a history of back pain which she has tolerated. (Appellant's Testimony)
6. Dr. [REDACTED], MD is the Appellant's Primary Care Provider ("PCP"). (Hearing record, Exhibit 13: Medical records)

7. On [REDACTED] 2018, the Appellant attended an appointment with her PCP. The Appellant complained of neck and back pain. The PCP referred the Appellant to [REDACTED] Physician's Assistant ("PA"), a specialist in neurology, for her neck and back pain. (Hearing record, Exhibit 13: Medical records)
8. On [REDACTED], 2018, the Appellant attended an initial appointment with the PA. She complained of pain in her neck, back, shoulder and feet. She stated that she has had symptoms for four months and that she takes aleve for the pain. (Exhibit 1: Prior authorization request)
9. As of [REDACTED] 2018 the Appellant has had no other treatment for her systems. (Exhibit 1: Prior authorization request)
10. On [REDACTED] 15, 2018, the Appellant's neurology PA requested prior authorization for a MRI of the Lumbar Spine, (Spinal canal and contents); without contrast material. (Exhibit 1: Prior authorization request)
11. On [REDACTED], 2018, CHNCT through EviCore, denied the prior authorization request for an MRI of the lumbar spine. EviCore noted that 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. (Ex. 2: Medical review)
12. On [REDACTED] 2018, CHNCT sent a notice to the Appellant denying the PA's request for an MRI. (Ex. 3: Notice of Action, [REDACTED]/18)
13. On [REDACTED], 2018, the Department received a verbal appeal of the prior authorization denial from the Appellant. (Hearing record)
14. On [REDACTED] 2018, the Department sent to request to the neurology PA requesting additional information supporting the need for the MRI for the Appellant. (Exhibit 6: Medical records request)
15. On [REDACTED] 2018, the Department sent to request to the Appellant's PCP requesting additional medical information documenting the Appellant's back pain. (Exhibit 8: Medical records request)

16. On [REDACTED], 2018, the Appellant provided a written request for a hearing to contest the denial of the MRI of the lumbar spine. (Ex. 11: Hearing request)
17. On [REDACTED], 2018, CHNCT received additional information from the Appellant's PCP. (Hearing record, Ex. 13: PCP's medical reports)
18. On [REDACTED], 2018, CHNCT sent the appeal for a Medical Review by EviCore. (Hearing Summary, Ex. 14: Medical review request)
19. On [REDACTED], 2018, 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 medical necessity and because it does not meet generally accepted standards of care. The denial states that there was no lack of failure to improve after a recent six week trial of care and no "Red Flag indications such as significant muscle weakness of caudia equine syndrome. (Exhibit 15: Medical Review, [REDACTED]/18)
20. On [REDACTED] 2018, CHNCT sent a determination letter to the Appellant notifying her 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 16: Determination letter, [REDACTED]/18)
21. The Appellant has begun physical therapy and has attended on session. (Appellant's testimony)
22. "The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED], 2018. Therefore, this decision is due not later than [REDACTED] 2018." "However, the hearing, which was originally scheduled for [REDACTED] 2018, was rescheduled for [REDACTED] 2018, at the request of the Appellant, which caused a 54-day delay. Because this 54-day delay resulted from the Appellant's request, this decision is not due until [REDACTED] 2018, and is therefore timely."

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. Section 17b-239(d) of the Connecticut General Statutes addresses medical payments for outpatient hospital services.
3. 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)]

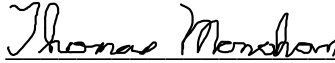
4. CHNCT correctly determined that the Appellant did not provide recent medical documentation to establish that a MRI of the lumbar spine without and with contrast is medically necessary.
5. CHNCT was correct to deny the request for MRI of the lumbar spine as it is not medically necessary.

DISCUSSION

The Appellant is attending physical therapy. At the time of the hearing she had just finished her first session. The Department's representatives advised her to update them after she completes her therapy.

DECISION

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


Thomas Monahan
Hearing Officer

C: 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.