

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3725

██████████ 2019
Signature Confirmation

Client ID # ██████████
Request #134569

NOTICE OF DECISION
PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2018, the Department of Social Services (the "Department") through its Administrative Services Organization (ASO), Community Health Network of Connecticut, Inc. ("CHNCT"), sent ██████████ ("Appellant") a Notice of Action ("NOA") stating that it had denied her provider's prior authorization request for approval of MRI Lumber Spine, (spinal canal and contents); without contrast material as not medically necessary, pursuant to Section 17b-259b of the Connecticut General Statutes, as the request does not meet generally accepted standards of care, and based on the documents submitted, the medical necessity for this test could not be substantiated.

On ██████████, 2019, the Appellant requested an administrative hearing to contest CHNCT denial of her provider's prior authorization request for approval of the MRI Lumber Spine.

On ██████████, 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for ██████████, 2019.

On ██████████, 2019, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing at ██████████.

The following individuals were present at the hearing:

██████████, Appellant
██████████, Appellant's daughter
Heather Shea, RN, CHNCT representative, Appeals and Grievances Analyst
Tracy Bailey, RN, EviCore Healthcare representative, Appeals Nurse via telephone
Damaris Hernandez, Interpreter, ITI

Miklos Mencseli, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether CHNCT's decision to deny the Appellant's prior authorization request for approval of MRI of Lumbar Spine without contrast, as not medically necessary pursuant to Section 17b-259b of the Connecticut General Statutes, is correct

FINDINGS OF FACT

1. The Appellant is a recipient of Medicaid benefits. (Hearing Summary)
2. The Appellant is ■ years of age. (Hearing Summary)
3. In ■, the Appellant underwent spinal surgery. (Hearing Record, Appellant's Testimony)
4. On ■ 2018, the Appellant was seen by Dr. ■. The Appellant reported cramping, burning sensation in bilateral feet and legs. Dr. ■ placed an order for a MRI Lumbar Spine Without IV Contrast procedure. (Dept.'s Exhibit #1, Appellant's Testimony)
5. On ■, 2018, CHNCT, the Department's medical subcontractor, received a prior authorization request from Dr. ■, Saint Francis Hospital and Medical Center for approval of MRI of Lumbar Spine without contrast for diagnoses of neuralgia and neuritis. (Hearing Summary; Dept.'s Exhibit #1)
6. On ■, 2018, the Medical Reviewer (EviCore Healthcare) for CHNCT reviewed the prior authorization request and information submitted and determined that the request for MRI of Lumbar Spine without contrast did not meet coverage criteria, as the MRI request must be supported by: "following a plain x-ray and a failed 6 week trial of physician-directed treatment and/or observation followed by a clinical re-evaluation. This must have been completed after the current episode of symptoms started or changed, and it needs to be within the last 3 months. The trial of physician-directed treatment may include education, activity modification, NSAIDs (non-steroidal anti-inflammatory drugs), narcotic and non-narcotic analgesic medications, oral or injectable corticosteroids, a physician directed home exercise/stretching program, cross-training, avoidance of aggravating activities, physical/occupational therapy, spinal manipulation, interventional pain procedures, and other pain management techniques. The clinical information provided does not meet these criteria and, therefore, the request is not indicated at this time." (Hearing Summary, Dept.'s Exhibit #2: Medical Review)

7. On [REDACTED] 2018, CHNCT sent a Notice of Action (“NOA”) to the Appellant advising her that the prior authorization request for approval of MRI Lumbar Spine, without contrast was denied, because it does not meet generally accepted standards of care. The NOA stated that the service requested was not medically necessary, per section 17b-259b(a)(1) of the Connecticut General Statutes. (Hearing Summary; Dept.’s Exhibit #3: [REDACTED] Notice of Action)
8. On [REDACTED], 2019, CHNCT received a request for an expedited Administrative Hearing Request. (Hearing Summary; Dept.’s Exhibit #4: Appellant’s hearing request)
9. CHNCT chief medical officer reviewed the request for an expedited hearing. The decision was to process the request as a standard request, within thirty (30) calendar days. The Appellant was notified of the decision. (Hearing Summary, Dept.’s Exhibit #9)
10. On [REDACTED] 2019, CHNCT sent the Appellant an acknowledgement letter of her request for a hearing. (Hearing Summary, Dept.’s Exhibit #5)
11. On [REDACTED], 2019, CHNCT informed Dr. [REDACTED] of the Appellant’s appeal and requested he submitted additional information to CHCNT to support the Appellant’s appeal. (Hearing Summary, Dept.’s Exhibit #6 and Exhibit #8)
12. CHNCT confirmed with the Appellant’s provider that no additional clinical documentation will be submitted. The Appellant has had no visit since [REDACTED] 2018. (Hearing Summary, Dept.’s Exhibit #10: Medical Review Request dated [REDACTED])
13. On [REDACTED], 2019, CHNCT conducted a Medical review and the denial was upheld. The Medical Reviewer noted that documentation of a plain x-ray, a failed 6 week trial of physician–directed treatment and/or observation followed by a clinical re-evaluation and this must have been completed after a current episode of symptoms started or changed, and it needs to be within the last three months was not part of the clinical information provided, therefore the information submitted does not meet the criteria and the request is denied. (Hearing Summary, Dept.’s Exhibit #11)
14. On [REDACTED], 2019, CHNCT sent the Appellant a NOA advising her that the prior authorization request for approval of MRI lumbar Spine without contrast was denied, as the information provided does not support the medical necessity for the requested procedure. (Hearing Summary, Dept.’s Dept.’s Exhibit #12: NOA dated [REDACTED])

15. The Appellant has not had any recent X-Ray done, no 6 week trial and no follow-ups. (Hearing Record, Appellant's Testimony)
16. The Appellant's pain level has increased since the surgery. (Appellant's Testimony)
17. The Appellant has tingling in her arms and legs. (Appellant's Testimony)
18. The Appellant is currently taking Motrin as her pain medication. (Appellant's Testimony)
19. The Appellant is currently not receiving any type of treatment. (Appellant's Testimony)
20. 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], 2019. Therefore, this decision is due not later than [REDACTED], 2019.

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; 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)]

3. CHNCT was correct when it denied as not medically necessary the Appellant's provider's request for prior authorization for MRI of Lumbar Spine without contrast.

DECISION

The Appellant's appeal is Denied.


Miklos Mencseli
Hearing Officer

C: Community Health Network of CT (CHNCT)

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 Administrative Hearings and Appeals, 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 the Commissioner's 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.