

**STATE OF MICHIGAN**  
**DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES**  
Before the Director of the Department of Insurance and Financial Services

In the matter of:

**Minimally Invasive Pain Specialists**  
**Petitioner**

**File No. 24-1052**

v

**Citizens United Reciprocal Exchange**  
**Respondent**

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**Issued and entered**  
**this 25<sup>th</sup> day of March 2024**  
**by Jeffrey Hayden**  
**Special Deputy Director**

**ORDER**

**I. PROCEDURAL BACKGROUND**

On January 18, 2024, Minimally Invasive Pain Specialists (Petitioner) filed with the Department of Insurance and Financial Services (Department) a request for an appeal pursuant to Section 3157a of the Insurance Code of 1956 (Code), 1956 PA 218, MCL 500.3157a. The request for an appeal concerns the determination of Citizens United Reciprocal Exchange (Respondent) that the Petitioner overutilized or otherwise rendered or ordered inappropriate treatment, products, services, or accommodations under Chapter 31 of the Code, MCL 500.3101 to MCL 500.3179.

The Petitioner's appeal is based on the denial of a bill pursuant to R 500.64(3), which allows a provider to appeal to the Department from the denial of a provider's bill. The Respondent issued a bill denial to the Petitioner on December 12, 2023.

The Department accepted the request for an appeal on January 26, 2024. Pursuant to R 500.65, the Department notified the Respondent and the injured person of the Petitioner's request for an appeal on February 7, 2024 and provided the Respondent with a copy of the Petitioner's submitted documents. The Respondent filed a reply to the Petitioner's appeal on February 26, 2024.

The Department assigned an independent review organization (IRO) to analyze issues requiring medical knowledge or expertise relevant to this appeal. The IRO submitted its report and recommendation to the Department on March 5, 2024.

**II. FACTUAL BACKGROUND**

This appeal concerns the denial of payment for pain management treatment rendered on October 26, 2023. The Petitioner billed the Respondent for this treatment using Current Procedure Terminology (CPT) code 62323 and National Drug Code (NDC) 00641036725. These procedure codes are described as an injection(s) of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal) with imaging guidance (i.e., fluoroscopy or computed tomography); and an injection of dexamethasone sodium phosphate, 1 mg, respectively.

With its appeal request, the Petitioner submitted supporting documentation which included the determination issued by the Respondent, medical records, and a narrative outlining the reason for its appeal. The Petitioner's supporting documentation identified the injured person's diagnosis as radiculopathy of the lumbosacral region, following a May 2023 motor vehicle accident (MVA).

The Petitioner's request for an appeal stated:

The [injured person] was seen in our office for [an] epidural steroid injection on 10/26/23... Per the [injured person's] chart [they had] greater than 80% relief with the epidural steroid injections. [Magnetic resonance imaging (MRI)] [of the] lumbar spine was completed on 5/30/2023, and previously on 05/12/21. The findings do show L4-L5 disc bulge, mild canal stenosis, foraminal narrowing bilaterally worse towards the left moderate to marked in severity... Please review the documents and remit payment for services rendered.

In its reply, the Respondent reaffirmed its initial determination that the pain management treatment at issue was not medically necessary. Specifically, the Respondent noted:

The [injured person] had 2 lumbar epidural steroid injections at L4 [and L5]. On the visit of 08/23/23 [the injured person] complained of the same symptoms 2 weeks after the last epidural injection. There were no further injections between then and the office visit of 10/18/23. Therefore, there could not have been 80% relief for a month after the last epidural injection. Also, the lumbar MRI from 05/30/23 does not show [a] herniated disc at L4 [or L5]. It shows multilevel disc bulges with facet arthropathy. [The] 3<sup>rd</sup> lumbar epidural steroid injection is not medically necessary to treat [the injured person]... [The Petitioner's] physical exam does not document L4 or [L5] is the level of the [injured person's] pain generator. There is no [electromyography] report to identify radiculopathy at that level.

### III. ANALYSIS

#### Director's Review

Under MCL 500.3157a(5), a provider may appeal an insurer's determination that the provider overutilized or otherwise rendered inappropriate treatment, products, services, or accommodations, or that

the cost of the treatment, products, services, or accommodations was inappropriate under Chapter 31 of the Code. This appeal involves a dispute regarding inappropriate treatment and overutilization.

The Director assigned an IRO to review the case file. In its report, the IRO reviewer concluded that, based on the submitted documentation, medical necessity was supported on the date of service at issue and the treatment was not overutilized in frequency or duration based on medically accepted standards.

The IRO reviewer is a physician, board-certified in physical medicine and rehabilitation with a subspecialty in pain management. In its report, the IRO reviewer referenced R 500.61(i), which defines “medically accepted standards” as the most appropriate practice guidelines for the treatment provided. These may include generally accepted practice guidelines, evidence-based practice guidelines, or any other practice guidelines developed by the federal government or national or professional medical societies, boards, and associations. The IRO reviewer relied on guidelines from the American Society of Pain and Neuroscience (ASPN) in support of its recommendation.

The IRO reviewer opined:

Per the (ASPN) Evidence-Based Clinical Guideline of Interventional Treatments for Low Back Pain, interlaminar epidural injections are supported by high grade evidence for treatment of low back and radicular pain originating from disc disease, spinal stenosis and for chronic back/leg pain after surgical intervention... The documentation revealed that the [injured person] has a history of lumbar degenerative disc disease and previous disc herniation as noted by the 05/12/2021 MRI. The 05/19/2023 lumbar spine MRI revealed the continued presence of L4-L5 disc bulging and spondylosis causing moderate-severe bilateral foraminal stenosis. The documentation highlighted that the [injured person's] symptoms were aggravated by a [MVA] on 05/19/2023. It was reported that the [injured person] was unresponsive to conservative management... Therefore, based on the [ASPN] guideline and the documentation submitted for review, a repeat lumbar [epidural spinal injection] is medically necessary and appropriate for aggravation of the [injured person's] known lumbar [degenerative disc disease] with stenosis and recurrence of radiculopathy.

The IRO reviewer recommended that the Director reverse the Respondent's determination that the pain management treatment provided to the injured person on October 26, 2023 was not medically necessary in accordance with medically accepted standards, as defined by R 500.61(i).

#### **IV. ORDER**

The Director reverses the Respondent's determination dated December 12, 2023.

The Petitioner is entitled to reimbursement in the amount payable under MCL 500.3157 for the treatment on the date of service discussed herein, and to interest on any overdue payments as set forth in

Section 3142 of the Code, MCL 500.3142. R 500.65(6). The Respondent shall, within 21 days of this order, submit proof that it has complied with this order.

This order applies only to the treatment and date of service discussed herein and may not be relied upon by either party to determine the injured person's eligibility for future treatment or as a basis for action on other treatment or dates of service not addressed in this order.

This is a final decision of an administrative agency. A person aggrieved by this order may seek judicial review in a manner provided under Chapter 6 of the Administrative Procedures Act of 1969, 1969 PA 306, MCL 24.301 to 24.306. MCL 500.244(1); R 500.65(7). A copy of a petition for judicial review should be sent to the Department of Insurance and Financial Services, Office of Appeals, Legal Research, and Market Regulation, Post Office Box 30220, Lansing, MI 48909-7720.

Anita G. Fox  
Director  
For the Director:

A handwritten signature in black ink, appearing to read "Jeffrey Hayden", written over a horizontal line.

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Jeffrey Hayden  
Special Deputy Director