**Provider Checklist-Outpatient –Imaging**

**Checklist: Magnetic Resonance Imaging (MRI) Lumbar Spine**

**(CPT Code: 72148, 72149, 72158)**

**Medical Review Note**

While MRI is becoming a routine part of the preoperative evaluation for chronic low back pain, its use in this context is considered controversial because the efficacy of surgery itself remains unproven. **Requests for MRI for chronic low back pain require secondary (physician) review.**

All Indications [**\*One has to be present**]

**\***Suspected lumbar radiculopathy [**One has to be present**]

Severe unilateral weakness/mild atrophy in nerve root distribution by PE

Mild to moderate unilateral weakness [**Both have to be present**]

Weakness in nerve root distribution by PE

Conservative Rx ineffective [**One has to be present**]

-1 Continued weakness **after** Rx [**Both have to be present**]

A) NSAID [**One has to be present**]

1) Rx ≥ 3 wks

2) Contraindicated/not tolerated

B) Activity modification ≥ 6 wks

-2 Worsening weakness/motor deficit ♦

Refractory severe pain [**Both have to be present**]

Severe unilateral pain in nerve root distribution [**Both have to be present**]

-1 Pain unrelieved by change in body position

-2 Interferes with ADLs

Continued severe pain after Rx [**All have to be present**]

-1 NSAID [**One has to be present**]

A) Rx ≥ 3 days

B) Contraindicated/not tolerated

-2 Opiate [**One has to be present**]

A) Rx ≥ 3 days

B) Contraindicated/not tolerated

-3 Complete rest ≥ 3 days

Mild to moderate pain [**Both have to be present**]

Unilateral pain in nerve root distribution

Conservative Rx ineffective [**One has to be present**]

-1 Continued pain **after** Rx [**Both have to be present**]

A) NSAID [**One has to be present**]

1) Rx ≥ 3 wks

2) Contraindicated/not tolerated

B) Activity modification ≥ 6 wks

-2 Worsening pain **after** Rx [**Both have to be present**]

A) NSAID [**One has to be present**]

1) Rx ≥ 2 wks

2) Contraindicated/not tolerated

B) Activity modification ≥ 2 wks

**\***Suspected lumbar spinal stenosis [**Both have to be present**]

Low back/bilateral lower extremity pain [**All have to be present**]

Pain worse with walking

Pain worse with spinal extension

213 Pain improved with forward flexion

Symptoms interfere with ADLs [**One has to be present**]

Refractory severe pain

Continued pain after Rx [**Both have to be present**]

-1 NSAID [**One has to be present**]

A) Rx ≥ 3 wks

B) Contraindicated/not tolerated

-2 Activity modification ≥ 6 wks

**\***Suspected cauda equina compression ♦ [**One has to be present**]

Bowel incontinence

Bladder dysfunction [Both have to be present]

Sx/findings [**One has to be present**]

-1 Frequency/hesitancy/urgency

-2 Incontinence

-3 Urinary retention

No other urologic cause identified

Neurogenic claudication by Hx

Severe motor deficit by PE

Diminished rectal sphincter tone by PE

Profound sensory deficit by PE

Perianal/perineal "saddle" anesthesia by PE

Bilateral radiculopathy

**\***Suspected nerve root compression by tumor (gadolinium contrast recommended) ♦ [**Both have to be present**]

Lumbar spine Sx/findings [**One has to be present**]

Pain by Hx

Bone lesion by bone scan/x−ray

Unilateral pain/weakness in nerve root distribution

**\***Preoperative evaluation of osteomyelitis (gadolinium contrast recommended)

**\***Suspected osteomyelitis/disc space infection (gadolinium contrast recommended) [**Both have to be present**]

Localized lumbar spine pain by Hx

Findings [**One has to be present**]

ESR > 30 mm/hr

Temperature > 100.4 F(38.0 C)

WBC > 10,000/cu.mm(10x109/L)

Blood culture positive

C−reactive protein > 10 mg/L

**\***Suspected lumbar spine injury with neurologic deficit at/distal to injury ♦

**\***Follow−up epidural abscess (gadolinium contrast recommended) [**One has to be present**]

New/worsening neurologic Sx/findings ♦ [**One has to be present**]

Muscle weakness by Hx/PE

Sensory deficit by Hx/PE

Loss of bowel/bladder control by Hx

New/worsening pain at site ♦

Periodic evaluation of response to Rx w/o new/worsening Sx/findings

**\***Suspected bone metastasis (gadolinium contrast recommended) [**All have to be present**]

No neurologic Sx/findings

Sx/findings [**One has to be present**]

Lumbar spine pain by Hx

Lumbar spine lesion by bone scan/x−ray

Bone scan [**One has to be present**]

Negative/nondiagnostic for bone metastasis

Single positive site in lumbar spine

**\***Follow−up single bone metastasis after Rx [**All have to be present**]

No neurologic Sx/findings

Initial lumbar spine MRI positive

Chemotherapy/radiation Rx completed

**\***Suspected meningocele post lumbar spine surgery (gadolinium contrast recommended)