**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)