



Provider Checklist-Outpatient -Imaging

**Checklist: Magnetic Resonance Imaging (MRI) Cervical Spine
(CPT Code: 72141, 72142, 72156)**

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

*Suspected cervical 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 \geq 3 wks
- 2) Contraindicated/not tolerated

B) Activity modification \geq 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 \geq 3 days
- B) Contraindicated/not tolerated



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

- A) Rx \geq 3 days
- B) Contraindicated/not tolerated

-3 Soft cervical collar \geq 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 \geq 3 wks
- 2) Contraindicated/not tolerated

B) Activity modification \geq 6 wks

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

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

- 1) Rx \geq 2 wks
- 2) Contraindicated/not tolerated

B) Activity modification \geq 2 wks

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

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

Bowel incontinence
Bladder dysfunction [**Both have to be present**]

-1 Sx/findings [**One has to be present**]

- A) Frequency/hesitancy/urgency
- B) Incontinence
- C) Urinary retention



-2 No other urologic cause identified

Severe motor deficit by PE
Spasticity by PE
Profound sensory deficit by PE
Bilateral radiculopathy

Mild to moderate Sx/findings [**All have to be present**]

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

-1 Pain/paresthesias/numbness in neck/shoulder/arm
-2 Weakness in an extremity by PE

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

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

A) Rx \geq 3 wks
B) Contraindicated/not tolerated

-2 Activity modification \geq 6 wks

Spondylosis by x-ray

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

Cervical 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 cervical 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 cervical cord 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/spasticity 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

*Multiple sclerosis (MS) [**One has to be present**]

Suspected MS [**Both have to be present**]

MRI brain planned with/before spine study
Symptoms/clinically isolated syndrome (CIS) [**One has to be present**]

- 1 Transverse myelitis by Hx/PE (gadolinium contrast recommended)
- 2 Neurologic Sx/findings not in dermatomal/peripheral nerve distribution and other etiologies excluded [**One has to be present**]

- A) Sensory deficit
- B) Motor dysfunction

- 3 Loss of coordination
- 4 Bowel incontinence
- 5 Bladder dysfunction [**Both have to be present**]

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

- 1) Frequency/hesitancy/urgency
- 2) Incontinence
- 3) Urinary retention

B) No other urologic cause identified

Known MS with new/worsening symptoms (gadolinium contrast recommended)

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

No neurologic Sx/findings
Sx/findings [**One has to be present**]

Cervical spine pain by Hx
Cervical spine lesion by bone scan/x-ray

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

Negative/nondiagnostic for bone metastasis
Single positive site in cervical spine

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

No neurologic Sx/findings
Initial cervical spine MRI positive
Chemotherapy/radiation Rx completed