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 ≥ 3 wks
      2) Contraindicated/not tolerated

    B) Activity modification ≥ 6 wks

    -2 Worsening weakness/motor deficit ♦

Refactory 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 Soft cervical collar ≥ 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

*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 ≥ 3 wks
B) Contraindicated/not tolerated

-2 Activity modification ≥ 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