

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 \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 Complete rest \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

*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 \geq 3 wks

B) Contraindicated/not tolerated

-2 Activity modification \geq 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)