

**SELECT HEALTH NETWORK, INC.
PHYSICIAN PRACTICE GUIDELINES**

SUBJECT: MRI Cervical Spine

Date Issued: 2/97

**Date Reviewed/Revised: 5/05, 9/06, 03/08, 02/09, 02/10, 03/11, 03/12, 3/13, 3/14,
3/15, 8/16, 8/17, 12/18, 8/19, 9/20**

Sources: Milliman, Inc.
American College of Radiology Appropriateness Criteria
<https://acsearch.acr.org/docs/69426/Narrative/>
<https://acsearch.acr.org/docs/693594/Narrative/>

Medical evidence does not support MRI Cervical Spine for:

- I. Neck pain alone—exceptions see below

Indications:

- II. Urgently when ANY ONE (1) of the following is suspected:
- A. Evidence of cervical cord dysfunction with the presence of ANY ONE (1) of the following:
 - 1. Urinary incontinence or retention or incontinence of stool after appropriate urological, or GI evaluation
 - 2. Spasticity
 - 3. Significant or progressive sensory or motor deficits
 - 4. Appropriate neurologic deficits—myelopathy?
 - B. Neoplasm with new or increasing cervical pain or radiculopathy
 - C. Concern for infection with new or increasing cervical pain or radiculopathy
 - D. Neck pain and ALL (2) of the following:
 - 1. Severe, disabling pain
 - 2. Unresponsive to any comfort measures and conservative therapy
 - E. Trauma and suspected cervical injury with ANY ONE (1) of the following:
 - 1. Suspected spinal cord or nerve root injury
 - 2. Patient obtunded and negative cervical CT
 - 3. Clinical or imaging concern for ligamentous injury
 - 4. Preoperative planning for unstable spine
- III. Less urgently for ANY ONE (1) of the following:
- A. New or increasing cervical radiculopathy
 - B. Subacute or chronic neck pain or radicular pain and ALL (2) of the following are present:
 - 1. Fails to improve after at least 6 weeks of conservative treatment
 - 2. Surgical or invasive treatment being considered
 - C. Previous spine surgery, to differentiate between scar and disk if ALL (2) of the following are present:
 - 1. Recurrent or new symptoms
 - 2. Surgical management is being considered
 - D. Chronic cervical pain with degenerative changes on radiography
- IV. Non urgently for
- A. Concern for primary demyelinating disease such as multiple sclerosis, transverse myelitis—primary diagnosis and to monitor disease progression/response to therapy

- B. Congenital or post traumatic syrinx-myelopathy—syrinx should be contrasted upon first discovery and if it enlarges on follow up