

MRI Cervical Spine Guidelines**DEPARTMENT: Utilization Management Physician Practice Guidelines****EFFECTIVE DATE: 02/97****DATE LAST REVIEWED: 09/22****SOURCES:** Milliman, Inc.
American College of Radiology Appropriateness Criteria
<https://acsearch.acr.org/docs/69426/Narrative/>
<https://acsearch.acr.org/docs/69359/Narrative/>**RECOMMENDED GUIDELINES:****Medical evidence does not support MRI Cervical Spine for:**

1) Neck pain alone—exceptions see below

Indications:

- 2) 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:
 - i) Urinary incontinence or retention or incontinence of stool after appropriate urological, or GI evaluation
 - ii) Spasticity
 - iii) Significant or progressive sensory or motor deficits
 - iv) 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:
 - i) Severe, disabling pain
 - ii) Unresponsive to any comfort measures and conservative therapy
 - e) Trauma and suspected cervical injury with ANY ONE (1) of the following:
 - i) Suspected spinal cord or nerve root injury
 - ii) Patient obtunded and negative cervical CT
 - iii) Clinical or imaging concern for ligamentous injury
 - iv) Preoperative planning for unstable spine
- 3) 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:
 - i) Fails to improve after at least 6 weeks of conservative treatment
 - ii) Surgical or invasive treatment being considered
 - c) Previous spine surgery, to differentiate between scar and disk if ALL (2) of the following are present:
 - i) Recurrent or new symptoms
 - ii) Surgical management is being considered
 - d) Chronic cervical pain with degenerative changes on radiography
- 4) 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