Medical PA Criteria Document

Medical Procedure Class:	**MRI of Lumbar Spine**
Date:	May 1, 2007
Updated:	April 28, 2009

Executive Summary

Purpose:	To identify and discourage the inappropriate use of high tech, high cost diagnostic imaging.
Why was this Issue Selected:	The indiscriminate use of expensive imaging exams for common and uncomplicated clinical presentations of the back and spine, e.g. low back pain, have contributed to the perception of low value from these studies and to the high costs in managing these conditions. Patients with normal radiographic results (plain film X-rays) and no neurologic signs or symptoms will usually require no further imaging. However, patients with normal radiographic results and positive neurologic signs or symptoms may require MR imaging.
Procedures subject to Pre-Certification	• 72148 Magnetic resonance imaging (eg, proton), spinal canal and contents, lumbar; without contrast material • 72149 Magnetic resonance imaging (eg, proton), spinal canal and contents, lumbar; with contrast material(s) • 72158 Magnetic resonance imaging (eg, proton), spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences, lumbar

Setting & Population:	All Medicaid fee-for-service patients

Type of Criteria:	☐ **Increased risk of ADE** ☒ **Appropriate Indications**	☐ **Non-Preferred Agent** ☐

Data Sources:	☐ **Only administrative databases**	☒ **Databases + Prescriber-supplied**

Setting & Population

- Procedure Group for review: MRI of Lumbar Spine
- Common Diagnostic Indications: Pain, radiculopathy, new or progressive neurologic symptoms or deficits.
- Clinical Studies: Have demonstrated that *uncomplicated* acute low back pain is a benign, self-limited condition that does not warrant any imaging studies.
- Considerations: Unless contraindicated, MRI is the preferred modality for most lumbar spine imaging over CT, except for a few indications such as evaluation of suspected fracture or fracture follow-up.
- Age range: All patients

Approval Criteria

Patients with any of the following diagnostic indications for MRI of the Lumbar Spine, which may include supporting clinical information:

- Persistent pain or radiculopathy, with > 6 weeks of conservative therapy and inadequate response to treatment. Note: children may not require 6 weeks
- New or progressive neurologic symptoms or deficits, e.g. motor or sensory loss attributable to lumbar spine pathology
- Signs or symptoms of spinal cord or nerve root compression, e.g. from disc herniation or spinal stenosis
- Multiple Sclerosis or other demyelinating diseases or myelopathies
- Infectious or inflammatory processes
- Possible spinal cord injury and post-traumatic neurologic deficit
- Post-operative evaluation, with new neurologic findings
- Tumor evaluation, for suspected or documented lesions
- Cauda Equina Syndrome, which may present with bilateral radiculopathy, saddle anesthesia, bowel or bladder dysfunction
- Fracture evaluation, for suspected or known fracture

Approval Diagnoses (Appendix A)				
Condition	**Submitted ICD-9 Diagnoses**	**CPT**	**Date Range**	**Client Approval (Initials)**
Persistent pain or radiculopathy with > 6 weeks of conservative therapy and inadequate response to treatment.	720.0 – 724.9, 729.2, 781 – 781.99, 782	62311, 97530, 97810 – 97814, 98925 – 98929, 98940 – 98942	12 months	
New or progressive neurologic symptoms or deficits (motor/sensory loss) attributable to Lumbar spine pathology	720.0 – 724.9, 729.2, 781 – 781.99, 782	NA	12 months	
Signs or symptoms of spinal cord or nerve root compression (disc herniation/spinal stenosis)	720.0 – 724.9, 729.2, 781 – 781.99, 782	NA	12 months	
Multiple sclerosis or other demyelinating diseases or myelopathies	340, 341 – 341.9	NA	12 months	
Infectious or inflammatory processes	730.9	NA	12 months	
Possible spinal cord injury and post-traumatic neurological deficit	952.2, 952.3, 952.4, 952.9, 952.9	NA	12 months	
Post-operative evaluation, with new neurologic findings	720.0 – 724.9, 729.2, 781 – 781.99, 782	NA	12 months	
Tumor evaluation, for suspected or documented lesions	170, 192.2, 192.3, 192.8, 192.9, 198.3, 198.4, 213.2, 225.3, 225.4, 225.8, 225.9, 237.5	NA	12 months	
Cauda Equina Syndrome, which may present with bilateral radiculopathy, saddle anesthesia, bowel or bladder dysfunction	344.6 – 344.61	NA	12 months	
Fracture evaluation, for suspected or known fracture	805.4 – 805.7, 806.4 – 806.79	NA	12 months	
Other and Unspecified Prion Disease of the Central Nervous System	046.79	NA	12 months	

Denial Criteria

Requests will be denied if patient has none of the above diagnostic indications for MRI of the Lumbar Spine. Some of these requested exams may be approvable upon the submission of appropriate supporting clinical information.

- For most patients with acute low back pain, diagnostic imaging, including plain radiographs, is usually unnecessary

- Adding to the controversy, nonspecific lumbar disc abnormalities are common, and can be demonstrated readily on MRI even in asymptomatic patients
- Has not had a Lumbar Spine X-ray in the last 60 days
- Have had a CT or MRI of the Lumbar Spine in the last 180 days

References

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