



## ISLAND HEALTH MRI APPROPRIATENESS CHECKLIST

Fax Outpatient Checklist along with MRI Requisition

**IMPORTANT:** The following information is required in order for us to process your request. **Bold** fields must be completed to avoid delays in patient processing. One or more criteria must apply for the referred examination type for the MRI exam to proceed. **Family Physicians and Nurse Practitioners please include the MRI appropriateness checklist with the Island Health MRI requisition.**

PATIENT INFORMATION	
<b>LAST NAME</b>	<b>FIRST NAME</b>
<b>DATE OF BIRTH</b>	<b>PERSONAL HEALTH NUMBER</b>

MRI LUMBAR SPINE APPROPRIATENESS CRITERIA		
<p>The purpose of an MRI for lumbar spine is to identify suspected disc herniation, nerve compression or metastatic disease. The most common cause of low back pain is mechanical and will resolve within 12 weeks.</p>		
<input type="checkbox"/> Sciatica for > 12 weeks <input type="checkbox"/> MRI was recommended on a previous imaging report <input type="checkbox"/> Previous lumbar spine surgery <input type="checkbox"/> Cauda equina syndrome	<input type="checkbox"/> Suspected Discitis <input type="checkbox"/> History of cancer or suspected <input type="checkbox"/> Any neurological symptoms <input type="checkbox"/> Significant acute traumatic event immediately preceding symptoms	<input type="checkbox"/> Age > 65 with first episode of severe back pain <input type="checkbox"/> Assessment of inflammatory spondyloarthopathy

MRI KNEE and HIP APPROPRIATENESS CRITERIA		
<p>The purpose of an MRI for knee and hip is primarily for surgical planning. In most cases, using MRI does not add useful information for patients with moderate-to-severe osteoarthritis (OA). A weight-bearing x-ray is recommended to identify OA.</p>		
<input type="checkbox"/> Pain and Patient has had weight-bearing x-ray within the past 6 months and referring clinician has confirmed mild or no evidence of OA in the knee or hip.	<input type="checkbox"/> MRI was recommended on a previous imaging report <input type="checkbox"/> Acute/subacute trauma <input type="checkbox"/> Fixed locked knee	<input type="checkbox"/> Suspected tumour <input type="checkbox"/> Osteonecrosis <input type="checkbox"/> Previous surgery

MRI SHOULDER APPROPRIATENESS CRITERIA		
<p>The purpose of an MRI shoulder exam is to establish a diagnosis for patients with chronic pain after 4 to 6 weeks of conservative treatment, a traumatic injury or as a pre-operative planning tool. An x-ray is recommended to assess calcifications and bony overview. Consider an US if it can answer the clinical questions. Consider not requisitioning an MRI if the patient is not a surgical candidate.</p>		
<p><b>ATRAUMATIC</b></p> <input type="checkbox"/> Suspected labral tear and instability <input type="checkbox"/> Suspected biceps pathology <input type="checkbox"/> Pain after rotator cuff repair	<input type="checkbox"/> Inflammatory <input type="checkbox"/> Suspected shoulder cuff disorders (tendinosis, tear, calcified tendinitis)	<p><b>POST-TRAUMATIC</b></p> <input type="checkbox"/> Bankart or Hill-Sachs lesion <input type="checkbox"/> Neuropathic syndrome (excluding plexopathy) <input type="checkbox"/> Physical examination findings with dislocation, labral tear or rotator cuff tear

MRI HEAD for HEADACHE APPROPRIATENESS CRITERIA	
<p>According to Choosing Wisely, imaging for uncomplicated headache should only be considered if red flags are present. Red flags include:</p>	
<input type="checkbox"/> Rapidly increasing frequency and severity of headache <input type="checkbox"/> Headache with associated neurological deficit <input type="checkbox"/> Headache causing a patient to wake from sleep	<input type="checkbox"/> New onset of headache in a patient with history of cancer <input type="checkbox"/> New onset of headache in a patient with immunodeficiency or concern for infection

MRI ARTHROGRAM
<p>An arthrogram can only be ordered by an Orthopedic Specialist (Unless patient resides in Greater Victoria Region for hips only on 3T)</p> <input type="checkbox"/> Hip Arthrogram for labral tears

CLINICIAN INFORMATION	
<b>Requesting Clinician Name</b>	<b>MSP Billing Number</b>

<b>Maintained By:</b>	MRI Practice Lead and Clinical coordinator				
<b>Issuing Authority:</b>	MRI MET/ MIQC				
<b>Last Revised:</b>	2023-09-05	<b>Last Reviewed:</b>	2023-09-05	<b>First Issued:</b>	2023-09-05