

## MRI Spine

### Preauthorization Documentation Criteria

1. **Tumor, masses, or cancer:** suspected or known
2. **Neurological Deficits**
3. **Trauma or acute injury**
  - a. With neurological deficits
  - b. With progressive symptoms during conservative treatment
4. **Infection:** known or suspected
5. **Inflammation:** Ankylosing Spondylitis
6. **Pre-op Evaluation**
7. **Post-op Complications**
8. **Acute or Chronic Axial or radicular pain**
  - a. Pain lasting 6 weeks or greater
  - b. ADLs must be affected
  - c. Progressive neurological deficit or an abnormal EMG
    - i. Must document specific dermatome, muscle weakness, reflex abnormalities
  - d. Failed conservative therapy: Must include each one:
    - i. Rest: modified activities or bracing
    - ii. Ice or heat
    - iii. Medications, acupuncture or stimulators
      1. Specific name of medication start date and duration and results
    - iv. Epidurals or other injections (not trigger point injections)
    - v. Physical therapy or a physician directed home exercise program or chiropractic care
      1. Document instructions given
      2. Document compliance and results
      3. Document duration and dates