

MAGNETIC RESONANCE IMAGING (MRI) APPROPRIATENESS CHECKLIST

Last Name:		
First Name (Preferred Name):		
Encounter number:	NH Number:	Chart Created: Y/N
Date of Birth:	Gender:	Age:
Responsibility for Payment:		PHN:
Primary Care Physician/Attending Physician:		
PATIENT LABEL		

IMPORTANT: The following information is required in order for us to process your request. Fields marked with “ * ” must be completed to avoid delays in patient processing. One or more criteria **must** apply for MRI exam to proceed. Please include this checklist with **10-210-5016** Magnetic Resonance Imaging (MRI) requisition.

PATIENT INFORMATION			
Last name*:		First name*:	
Date of Birth*:	YYYY	MM	DD
Personal Health Number*:			

- Has the patient had a recent x-ray of the relevant body part? Yes No
- For patient 40 years or more, with suspected knee OA, weight bearing views have been obtained? Yes No
- MRI of the hip, hand/wrist and foot/ ankle are NOT routinely recommended prior to specialist consult.

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 itself within 12 weeks. Complete the checklist for all adult patients (18 years of age and older) referred for MRI lumbar spine.</p>	
<input type="checkbox"/> MRI was recommended on a previous imaging report (please attach report) <input type="checkbox"/> Previous lumbar spine surgery <input type="checkbox"/> Cauda equina syndrome <input type="checkbox"/> Unexplained weight loss, fever or immunosuppression <input type="checkbox"/> History of cancer or suspected cancer <input type="checkbox"/> Use of IV drugs or steroids or suspected infection/fracture	<input type="checkbox"/> Any neurologic symptoms <input type="checkbox"/> Significant acute traumatic event immediately preceding onset of symptoms or suspected hematoma <input type="checkbox"/> Age over 65 with first episode of severe back pain <input type="checkbox"/> Pain lasting 12 weeks or longer <input type="checkbox"/> Assessment of inflammatory spondyloarthropathy <input type="checkbox"/> Other, where MRI is likely to alter patient management. Specify: _____

MRI HIP APPROPRIATENESS CRITERIA	
<p>The purpose of an MRI for knee is primarily for surgical planning. In most cases, using MRI does not add useful information for patients with moderate-to-severe osteoarthritis (OA) especially for those with chronic degenerative conditions. A weight-bearing x-ray is recommended to identify OA. Complete the checklist for patients 40 years of age and older referred for MRI knee.</p>	
<input type="checkbox"/> MRI was recommended on a previous imaging report (please attach report) <input type="checkbox"/> Previous knee/hip surgery <input type="checkbox"/> Suspected infection <input type="checkbox"/> Suspected tumour <input type="checkbox"/> Acute/subacute trauma	<input type="checkbox"/> Osteonecrosis <input type="checkbox"/> Intermittent fixed or locked knee <input type="checkbox"/> Patient has had a weight-bearing x-ray within the past 6 months and referring clinician has confirmed mild or no evidence of osteoarthritis in the knee or hip <input type="checkbox"/> Other, where MRI is likely to alter patient management. Specify: _____

CLINICIAN INFORMATION			
Requesting Clinician Name*	MSP Billing Number*	Clinician Phone*	Clinician Fax*

Appropriateness criteria are consistent with the Choosing Wisely Canada recommendations. For more information, visit <https://choosingwiselycanada.org>

For appropriateness guidance from a radiologist, call the RACE (Rapid Access to Consultative Expertise) line at 1-855-605-7223 or visit <https://physicians.northernhealth.ca/physician-resources/northern-race#northern-race>

Information for referring clinicians on MRI appropriateness can be found at: <https://physicians.northernhealth.ca/physician-resources/clinical-resources>

