

**IMPORTANT:** The following information is required in order for us to process your request. Yellow highlighted fields must be completed to avoid delays in patient processing. **Please include the MRI appropriateness checklist with the MRI requisition.**

**PATIENT INFORMATION**

<b>LAST NAME</b>			<b>FIRST NAME</b>		
<b>DATE OF BIRTH</b>			<b>PERSONAL HEALTH NUMBER</b>		
YYYY	MM	DD			

**MRI LUMBAR SPINE APPROPRIATENESS CRITERIA**

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.** One or more of the following **must** apply in order to be eligible for MRI lumbar spine:

- |  |  |
|--|--|
| <input type="checkbox"/> MRI was recommended on a previous imaging report (please attach report) | <input type="checkbox"/> Use of IV drugs or steroids   |
| <input type="checkbox"/> Previous lumbar spine surgery   | <input type="checkbox"/> Any neurologic symptoms   |
| <input type="checkbox"/> Cauda equina syndrome   | <input type="checkbox"/> Significant acute traumatic event immediately preceding onset of symptoms |
| <input type="checkbox"/> Unexplained weight loss, fever or immunosuppression                     | <input type="checkbox"/> Age over 65 with first episode of severe back pain                        |
| <input type="checkbox"/> History of cancer or suspected cancer                                   | <input type="checkbox"/> Pain lasting 12 weeks or longer   |

**If the patient meets the lumbar spine appropriateness criteria, indicate if the patient is experiencing:**

- Back dominant pain (Pain above gluteal fold and below the T12 rib)
- Leg dominant pain (Below the gluteal fold, specific root distribution and radiation below the knee)

**MRI KNEE and HIP APPROPRIATENESS CRITERIA**

The purpose of an MRI for knee or hip 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 or hip.** One or more of the following **must** apply in order to be eligible for MRI knee or hip:

- |  |  |
|--|--|
| <input type="checkbox"/> MRI was recommended on a previous imaging report (please attach report) | <input type="checkbox"/> Osteonecrosis   |
| <input type="checkbox"/> Previous knee or hip surgery  | <input type="checkbox"/> Fixed locked knee   |
| <input type="checkbox"/> Suspected infection   | <input type="checkbox"/> Patient has had a weight-bearing x-ray within the past 6 months <u>and</u> referring clinician has confirmed mild or no evidence of osteoarthritis in the knee or hip |
| <input type="checkbox"/> Suspected tumour  |  |

**CLINICIAN INFORMATION**

<b>REQUESTING CLINICIAN NAME</b>	<b>MSP BILLING NUMBER</b>	<b>CLINICIAN PHONE</b>	<b>CLINICIAN FAX</b>

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 Rapid Access to Consultative Expertise (RACE) line: 1-604-696-2131 or visit <http://www.raceconnect.ca/>.

Information for referring clinicians on MRI appropriateness can be found at: <http://www.vch.ca/MRI-Central-Intake> and <https://pathwaysbc.ca>.