

Fax Outpatient Checklist to MRI Central Intake: 1-866-588-6955

IMPORTANT: The following information is required in order for us to process your request. Bold fields must be completed to avoid delays in patients processing. One or more criteria **must** apply for the referred examination type for the MRI exam to proceed. **Please include the MRI appropriateness checklist with the LMMI MRI requisition.**

PATIENT INFORMATION			
LAST NAME		FIRST NAME	
DATE OF BIRTH		PERSONAL HEALTH NUMBER	
YYYY	MM	DD	

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. (For patients 18 years of age and older)</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 <input type="checkbox"/> Any neurological symptoms <input type="checkbox"/> Significant acute traumatic event immediately preceding onset of symptoms	<input type="checkbox"/> Age > 65 with first episode of severe back pain <input type="checkbox"/> Pain lasting 12 weeks or longer <input type="checkbox"/> Assessment of inflammatory spondyloarthropathy

MRI KNEE and HIP APPROPRIATENESS CRITERIA		
<p>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). A weight-bearing x-ray is recommended to identify OA. (For patients 40 years of age and older)</p>		
<input type="checkbox"/> MRI was recommend on a previous imaging report <input type="checkbox"/> Previous knee or hip surgery <input type="checkbox"/> Suspected infection	<input type="checkbox"/> Suspected tumour <input type="checkbox"/> Osteonecrosis <input type="checkbox"/> Fixed locked knee <input type="checkbox"/> Acute/subacute trauma	<input type="checkbox"/> Patient has had weight-bearing x-ray within the past 6 months and referring clinician has confirmed mild or no evidence or osteoarthritis in the knee or hip

MRI SHOULDER APPROPRIATENESS CRITERIA		
<p>The purpose of an MRI shoulder exam is to establish a diagnosis for patients with chronic pain after four to six weeks of conservative treatment, a traumatic injury or pre-operative planning tool. An x-ray is recommended to assess calcifications and bony overview. (For patients 18 years of age and older)</p>		
<p>ATRAUMATIC</p> <input type="checkbox"/> Inflammatory <input type="checkbox"/> Neurogenic pain (excluding plexopathy) <input type="checkbox"/> Pain after rotator cuff repair <input type="checkbox"/> Suspected adhesive capsulitis <input type="checkbox"/> Suspected biceps pathology	<input type="checkbox"/> Suspected bursitis <input type="checkbox"/> Suspected labral tear and instability <input type="checkbox"/> Suspected shoulder cuff disorders (tendinosis, tear, calcified tendinitis)	<p>POST-TRAUMATIC</p> <input type="checkbox"/> Bankart or Hill-Sachs lesion <input type="checkbox"/> Neuropathic syndrome (excluding plexopathy) <input type="checkbox"/> Non-localized pain <input type="checkbox"/> Physical examination findings with dislocation, labral tear or rotator cuff tear

Appropriateness Guidance (Does not require submission; for patients 18 years of age and older)

MRI Head for headache: According to Choosing Wisely Canada, imaging for uncomplicated headache should only be considered if red flags are present. Red flags include rapidly increasing frequency and severity of headache; headache causing the patients to wake from sleep; any associated neurological deficit; and new onset of a headache in a patient with a history of cancer or immunodeficiency/concern regarding infection.

MRI Arthrogram: An arthrogram MRI should be performed when the patient history includes a query for labral tear in patient younger than 50 years of age.

CLINICIAN INFORMATION			
REQUESTING CLINICIAN NAME	MSP BILLING NUMBER	CLINICIAN PHONE	CLINICIAN FAX

- Appropriateness criteria are consistent with the Choosing Wisely Canada recommendations: <https://choosingwiselycanada.org>.
- For appropriateness guidance from a radiologist, referring providers can access the RACE app at <http://www.raceconnect.ca/race-app/>.