



**Kaiser Foundation Health Plan of Washington**

**Clinical Review Criteria  
Cervical Spine MRI**

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**Criteria  
For Medicare Members**

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	<a href="#">Magnetic Resonance Imaging (220.2)</a>
Local Coverage Determinations (LCD)	<a href="#">MRI and CT Scans of the Head and Neck (L35175)</a> *Medical necessity review not required
Local Coverage Article (LCA)	<a href="#">Billing and Coding: MRI and CT Scans of the Head and Neck (A57215)</a>

**For Non-Medicare Members**

Adapted from Washington State Department of Labor & Industries Final Imaging Guidelines: Cervical Spine MRI. Retrieved 9/3/2020 from [https://lni.wa.gov/patient-care/treating-patients/treatment-guidelines-and-resources/\\_docs/CervicalSpineChecklist.pdf](https://lni.wa.gov/patient-care/treating-patients/treatment-guidelines-and-resources/_docs/CervicalSpineChecklist.pdf)

*\*Note – most acute cervical radicular pain will resolve with time and conservative management. Bulging discs will retract away from the affected nerve root spontaneously in a high percentage of cases. Acute or chronic non-radicular or non-myelopathy neck pain may be associated with painful paresthesia's diffusely in one or both arms; MRI imaging is of low value for sensory symptoms alone.*

**I. Acute cervical pain (onset within past 6 weeks)**

- A. Acute cervical radicular pain (radiating into one or both arms) without red flags – cervical spine MRI **not** indicated, medical management should be the initial approach
- B. Acute cervical pain with radiating pain from the neck into arm **AND ONE or more** of the following red flag conditions present, where the result is likely to lead to emergent surgery: - cervical MRI **may** be indicated

**Red Flags:**

- 1. **Progressive (objective) neurological signs on repeat in-person examination** (i.e., progressive motor weakness present) *(MRI without contrast)*
- 2. **Evidence of spinal instability or spinal fracture on any other imaging test** (e.g., plain films or cervical spine CT) *(MRI without contrast)*
- 3. **Radiating pain from the neck with compelling clinical argument for one of the following:** *(MRI with or without contrast)*
  - a. Malignancy
  - b. Infection
  - c. Immunosuppression
  - d. Bone disc margin destruction on plain radiographs
  - e. Trauma with neck pain, on anticoagulants

4. **Evidence of neurologic signs suggestive of spinal cord involvement** (e.g., Bilateral “cape-like” sensory loss to suggest syrinx, myelopathy signs such as bowel or bladder changes, abnormally increased reflexes, positive Babinski sign, spastic gait ataxia) where the result is likely to lead to immediate surgery or similar intensive intervention

**II. Subacute cervical pain (>6 weeks), no prior MRI for the same episode of cervical pain:** (*MRI without contrast*)

- A. Patient has had **at least 6 weeks** medical/conservative treatment (must include **at least 4 weeks** of physical therapy, including an initial evaluation with PT and at least one follow up, within the last 3 months) for *current episode* of neck pain with no significant improvement (remote past history of physical therapy does not qualify)

**AND**

- B. Clinical evaluation demonstrates **ONE or more** of the following:
  - a. Abnormal reflexes or motor deficits in the C5, C6, C7, T1 nerve territory on one side
  - b. Prior neck surgery and significant **new** neurological signs or symptoms, compared to maximal post-op recovery baseline, as defined in a. and b. above
  - c. Evidence of spinal instability or spinal fracture on any other imaging test
  - d. Complex congenital anomaly or deformity of the spine
  - e. Strong suspicion for cervical spinal cord stenosis (e.g., myelopathy signs such as bowel or bladder changes, abnormally increased reflexes, positive Babinski sign, spastic gait ataxia)

**OR**

- C. Patient’s clinical presentation indicates need for urgent surgery or other intensive intervention as determined by a surgeon or interventional specialist, even without 6 weeks of medical/conservative treatment.

**III. Chronic cervical pain**

- A. **Chronic cervical pain (> 3 months) with no prior MRI of cervical spine:** (*MRI without contrast*) for any of the criteria under subacute cervical spine pain (section II above)

1. *Including at least 6 weeks* medical/conservative treatment (must include **at least 4 weeks** of physical therapy, including an initial evaluation with PT and at least one follow up within the last 6 months) for *current episode* of neck pain with no significant improvement (remote past history of physical therapy does not qualify)

- B. **Chronic or recurrent cervical pain (> 3 months) with prior MRI of cervical spine for the same episode of cervical pain with 1 or more of the following:** (*MRI without contrast*)

1. *Should have at least 6 weeks* medical/conservative treatment (must include **at least 4 weeks** of physical therapy, including an initial evaluation with PT and at least one follow up within the last 6 months) for *current episode* of neck pain with no significant improvement (remote past history of physical therapy does not qualify)
2. Patient has not been determined to be a surgical candidate in the past:
  - a. Documented significant objective worsening of neurological status on current in-person physical exam (e.g., documented sensory loss, motor weakness, abnormal reflexes in the C5, C6, C7, T1 nerve territory) compared to baseline *OR* electrodiagnostic testing confirming *new* radiculopathy *OR* myelopathy signs such as bowel or bladder changes, abnormally increased reflexes, positive Babinski sign, spastic gait ataxia *OR*
3. Patient has been determined to be a definite candidate for cervical spine surgery by neurosurgery/orthopedics, (and **ONE** of the following):
  - a. Progressive changes in objective neurological findings (see 1 above)  
*OR*
  - b. If no objective neurological findings: the surgeon is requesting another MRI prior to surgery, and it has been at least 1 year since last cervical MRI
4. Prior cervical spine surgery with **1 or more** of the **following** (*MRI without contrast*):
  - a. Objective and new or worsening neurological signs on physical exam compared with maximum post-op recovery baseline (e.g., documented sensory loss, motor weakness, abnormal reflexes in the C5, C6, C7, T1 nerve territory, or new radiculopathy on electrodiagnostic studies *OR* myelopathy signs such as bowel or bladder changes, abnormally increased reflexes, positive Babinski sign, spastic gait ataxia)

*OR*

- b. Other imaging *OR* clinical findings suggest new adverse effects of surgery (e.g., hardware failure or **concern** for epidural scarring/arachnoiditis)

**IV. Suspect Cervical Multiple Sclerosis (MS)** (*MRI with contrast*) if patient has been already evaluated by neurology:

A.

<b>Effective until May 1, 2024</b>	<ul style="list-style-type: none"> <li>a. Approved for staging (along with MRI of brain) at time of initial presentation</li> <li>b. Known MS diagnosis (confirmed by neurology)—approved for annual surveillance along with Brain MRI</li> </ul>
<b>Effective May 1, 2024</b>	<ul style="list-style-type: none"> <li>a. Approved for staging (along with MRI of brain) at time of initial presentation</li> <li>b. Known MS diagnosis (confirmed by neurology):                             <ul style="list-style-type: none"> <li>i. approved for annual surveillance along with Brain MRI</li> <li>ii. following clinical symptoms of a flare up, or</li> <li>iii. 3-6 months after radiologic evidence of a flare up, or</li> <li>iv. 3-6 months and/or 6-12 months after changing disease modifying agent</li> </ul> </li> </ul>

**V. Interval follow up of known neurosurgical disease** clinical indication for repeat imaging is documented (e.g., intermedullary or extramedullary tumors, bony spine tumors, syrinx, vascular malformation) when ordered by or in consultation with neurosurgery.

**VI. Ankylosing Spondylitis (AS):**

<b>Effective until March 1, 2024</b>	Send all cases to MD for review
<b>Effective March 1, 2024</b>	<p>Advanced imaging of the spine for the indication of ankylosing spondylitis (AS) is considered medically necessary when <b>ONE</b> of the following are true:</p> <ul style="list-style-type: none"> <li>A. Suspected AS and <b>ALL</b> of the following criteria are met:                             <ul style="list-style-type: none"> <li>1. Radiographs of the affected area are not diagnostic</li> <li>2. Inflammatory back pain which has been present for at least 3 months. Inflammatory back pain is defined as back pain with at least <b>FOUR (4)</b> of the following features:                                     <ul style="list-style-type: none"> <li>a. Patient is younger than age 40</li> <li>b. Insidious (gradual) onset</li> <li>c. Improvement with exercise</li> <li>d. No improvement with rest</li> <li>e. Pain at night that improves on getting up</li> </ul> </li> <li>3. Advanced imaging is ordered by or in conjunction with a Rheumatologist</li> </ul> </li> <li>B. Confirmed AS diagnosis and <b>ALL</b> of the following criteria are met:                             <ul style="list-style-type: none"> <li>1. Advanced imaging is ordered by the patient’s managing Rheumatologist</li> <li>2. Unclear disease activity after full clinical and laboratory evaluation</li> <li>3. Progression on MRI will lead to a change of biologic drug or cessation of biologic therapy</li> </ul> </li> </ul>

**If requesting this service, please send the following documentation to support medical necessity:**

- Last 6 months of clinical notes from requesting provider &/or specialist.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

**References**

American College of Radiology (2008). ACR appropriateness criteria: chronic neck pain. Available at: <http://www.acr.org/Quality-Safety/Appropriateness-Criteria/Diagnostic/MusculoskeletalImaging>.

American College of Radiology (2009). ACR appropriateness criteria: suspected spine trauma. Available at: <http://www.acr.org/Quality-Safety/Appropriateness-Criteria/Diagnostic/MusculoskeletalImaging>.

Bussieres AE, Peterson C, Taylor JAM. Diagnostic imaging guideline for musculoskeletal complaints in adults- an evidence-based approach—part 3: spinal disorders. J Manipulative Physiol Ther 2008; 31: 33-87.

## Applicable Codes

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

CPT® or HCPC Codes	Description
72141	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, cervical; without contrast material
72142	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72156	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical

**\*Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

\*\*To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Date Created	Date Reviewed <sup>04/</sup>	Date Last Revised
09/18/2020	10/06/2020 <sup>MPC</sup> , 10/05/2021 <sup>MPC</sup> , 10/04/2022 <sup>MPC</sup> , 10/03/2023 <sup>MPC</sup>	12/09/2023

<sup>MPC</sup> Medical Policy Committee

Revision History	Description
10/06/2020	MPC approved to adopt new clinical criteria. Requires 60-day notice, effective date 2/1/2021.
04/01/2021	Added clarifying language to clinical criteria.
04/30/2021	Added clarifying language and formatting changes
10/04/2022	MPC approved to include quantifying number of 3 visits for physical therapy of subacute low back pain. 60-day notice required; effective March 1, 2023.
11/01/2022	MPC approved the minor change for MRI-Cervical Spine criteria to include language for MS patients.
04/04/2023	MPC approved to modify MRI criteria with 4 weeks of physical therapy (instead of 6 weeks) and updated indications for cervical spine imaging.
08/01/2023	MPC approved to modify existing criteria to indicate advanced imaging prior to a procedure is considered reasonable. Requires 60-day notice, Effective January 1, 2024.
10/03/2023	MPC approved updates to criteria allow Ankylosing Spondylitis (AS) indications. 60-notice required; effective March 1, 2024.
12/09/2023	MPC approved to medical necessity criteria cervical spine; allowing for a short-term imaging follow-up after radiologic signs of MS disease activity and more rapid imaging follow-up for up to one year following a change in therapy. 60-day notice required. Effective May 1, 2024.