Before ordering a spinal MRI for your patient, check for at least 1 of the following indications.

- **Radiculopathy** (focal neurologic deficit with progressive or disabling features): Pain in the distribution of the nerve root (often extending below the knee or elbow), with motor, reflex, or sensory deficit. ICD-9: thoracic and lumbar 724.4; cervical 723.4.
- **Radicular pain** (radiating pain): Order an MRI only after failed conservative treatment (see LBP CPM) for 4 to 6 weeks. ICD-9: thoracic and lumbar 724.4; cervical 723.4.
- **Myelopathy** (Babinski or sustained clonus — cervical or thoracic MRI). ICD-9: other myelopathy 336.8 — needs an additional E code to identify the cause.
- Associated lumbar spine symptoms/findings WITH cancer history, cancer symptoms, and/or infection.
- Suspected cauda equina syndrome. ICD-9: 344.61.
- New bowel or bladder dysfunction. ICD-9: unspecified functional disorder of intestine 564.9.
- **Perineal numbness / saddle anesthesia**. ICD-9: numbness 782.0.
- Persistent or increasing motor weakness. ICD-9: generalized muscle weakness 728.87.
- Significant loss of coordination in one or both legs.
- Suspected spinal fracture: Significant recent trauma or fall.
- Prior surgery or planned surgery or injection.

For more information, see Intermountain’s *Low Back Pain Care Process Model* and *Flash Card*.