St.Thomas Elgin General Hospital

Choosing Wisely Canada™

# MRI SPINE APPROPRIATENESS CHECKLIST

*Patient label placed here, or minimum information below required*

**Patient Name:**
**Date:**
**Date of Birth (YYYY MM DD):**
**Gender:**
**MRN/HCN:**

*This checklist is based on the **Choosing Wisely** criteria and the **CORE Back Tool**. It is required for all adult (18+) outpatient MRI spine referrals. **Please include with MRI requisition** .*

**Referring Physician Name**:

## A. Red Flags requiring Emergent Management (immediate MRI and consultation to Surgery)

*(consider sending patient to Emergency Department)*

- ☐ Severe/Progressive Neurologic Deficit
- ☐ Cord Compression or Cauda Equina Syndrome

## B. Red Flags requiring Urgent MRI

- ☐ Suspected Cancer
- ☐ Suspected Spinal Infection
- ☐ Suspected Epidural Abscess or Hematoma
- ☐ Suspected Fracture (recommend X-ray or CT first)

## C. Mechanical Spine Pain Syndrome with no Red Flags requiring Non-Urgent MRI

*(Check all that apply – there MUST be a check in sections 1, 2, and 3 below to meet imaging criteria)*

1. ☐ Unbearable Arm or Leg Dominant Pain *(and/or)* ☐ Disabling Neurogenic Claudication *(and/or)* ☐ Functionally Significant Neurologic Deficit
2. ☐ Failure to Respond after 6 weeks of conservative care
3. ☐ Considering Surgery

## D. Suspected or Known Conditions *(Check all that apply)*

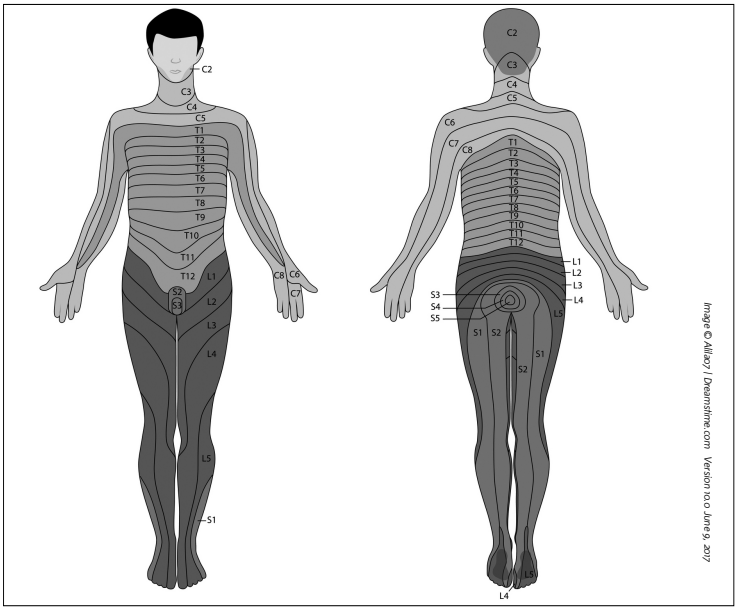
- ☐ Cancer *(please specify)*
- ☐ Intradural Tumour
- ☐ Bone Tumour or Metastases
- ☐ Congenital Spine Anomaly
- ☐ Scoliosis
- ☐ Spinal Radiation
- ☐ Demyelination or MS
- ☐ Inflammatory Disease
- ☐ Assessment for Vertebroplasty
- ☐ Prior Spine Surgery *(date)*
- ☐ Arachnoiditis
- ☐ Post-operative Collections
- ☐ Follow-up for a Known Condition *(please specify)*
- ☐ Condition Not Listed *(please specify)*

## Prior CT or MRI Spine Imaging

When: _____ Where: _____

## Additional Clinical Information

Please provide any additional information below.
Please also clearly indicate the affected area on the image to the right.






_____ _____
Referring Physician Signature Date