

MRI of Lumbar Spine Checklist

Please complete the checklist for all adult (18+) outpatient lumbar spine referrals and include with MRI requisition.

Patient label placed here, or minimum information below required

Patient Name:

Date:

Age:

Gender:

HSN:

Red Flags (Please immediately call radiologist if any of these symptoms are present)

<input type="checkbox"/> Suspected cancer including metastasis	<input type="checkbox"/> Suspected cauda equina syndrome (i.e. urinary incontinence, urinary retention)	<input type="checkbox"/> Suspected infection (i.e. osteomyelitis, discitis, steroid use, IV drug use, immunosuppression)	<input type="checkbox"/> Severe or progressive neurologic deficit
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Mechanical Back Pain

with symptoms persisting or worsening despite conservative management for at least 6 weeks (Check all that apply)

<input type="checkbox"/> Low back pain for at least 6 months (Pattern 1 & 2)	<input type="checkbox"/> Radiculopathy for at least 6 weeks (Pattern 3)	<input type="checkbox"/> Spinal stenosis symptoms for at least 6 weeks (Pattern 4)
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Suspected or Known Conditions (Check all that apply)

<input type="checkbox"/> Spinal dysraphism (open or closed)	<input type="checkbox"/> Treatment fields for radiation therapy	<input type="checkbox"/> Ankylosing spondylitis
<input type="checkbox"/> Evaluation of scoliosis (preoperative assessment, any neurologic findings, atypical curve pattern, congenital scoliosis, neurofibromatosis, Marfan's syndrome)	<input type="checkbox"/> Intradural tumor (hyperreflexia, LE weakness, spasticity, bladder/bowel dysfunction, sensory loss, new onset scoliosis/kyphosis, spastic gait, radiculopathy, localized spine tenderness, pain, CSF positive for malignant cells – with or without history of cancer)	<input type="checkbox"/> Tumor of vertebra or bone (known malignancy with lumbar pain, follow-up primary or metastatic bone tumor, new or worsening pain at site, periodic assessment, new onset scoliosis or kyphosis)
<input type="checkbox"/> Spinal cord lesion or possible cord compression	<input type="checkbox"/> Post-operative collections (soft tissue or fluid)	<input type="checkbox"/> Arachnoiditis
<input type="checkbox"/> Prior back surgery	<input type="checkbox"/> Pre-procedure kyphoplasty	<input type="checkbox"/> Trauma
<input type="checkbox"/> Suspected epidural abscess or hematoma		
<input type="checkbox"/> Condition Not Listed:		

Other Information (Patient history, further information for radiologists, etc)