Cervical Spine Imaging Questionnaire

1. **INSTRUCTIONAL NOTE:** Advanced Imaging UR program applies ONLY to STATE FUND WORKERS’ compensation claims. For authorization of services pertaining to Self-Insured claims, please contact the injured worker’s employer or the third party administrator.

2. **(Mandatory) DISCLAIMER:** This is a guideline-based review that will result in a recommendation only. L&I must make the final determination of payment based on legal claim validity. Approval should occur within 24-48 hours.
   □ Acknowledge

3. **SECTION A: ACUTE CERVICAL PAIN (ONSET W/IN PAST 6 WKS):** Any new objective neurological signs:
   □ Yes
   □ No

4. A1: If Yes, select one:
   - Evidence of spinal fx on other IM test
   - Evidence of spine instability on IM test
   - Hx of great trauma (go to #5)
   - Neuro signs suggest spine involvement
   - Progressive neurological deficit
   - Pt not evaluable 48hrs & suspect trauma
   - Sensory loss, motor weakness, abn reflex
   - Suspicion or obj evidence (go to #6)

5. A2: If answer is Hx of great trauma, select all applies:
   □ Cranial trauma
   □ Significant whiplash after hi speed impact
   □ Significant fall

6. A3: If answer is Suspicion or objective evidence, select one:
   □ Bone disc margin destruction on x-ray
   □ Immunosupression
   □ Infection
   □ Malignancy

7. **SECTION B: SUBACUTE CERVICAL PAIN (>6 WKS) AND NO PRIOR MRI FOR SAME EPISODE OF PAIN - Select at least one:
   □ Any neurological signs or symptoms
   □ Complex congenital anomaly of the spine
   □ Complex congenital deformity of spine
   □ Evidence of spine fx on other IM test
   □ Evidence of spine instability on IM test
   □ Evidence of substantial spine stenosis
   □ Prior neck surgery & new neuro signs/sx
8. SECTION C: CHRONIC OR RECURRENT CERVICAL PAIN (>3 MOS) AND PRIOR MRI FOR THE SAME EPISODE OF PAIN - Select at least one:
   ☐ obj worsening of neuro status by EDX test
   ☐ obj worsening of neuro status by PE
   ☐ Pt a candidate for spine surg (go to #9)
   ☐ Prior C-spine surgery (go to #10)

9. C1: If Patient is a candidate for C-spine surgery and (select one):
    ☐ At least 1 yr since last cervical MRI
    ☐ Progressive changes in obj neuro signs

10. C2: If Prior C-spine surgery and (select one):
     ☐ New or worsen significant obj neuro signs
      ☐ Other IM/clin finds suggest new adv eff

11. SECTION D: SUSPICION OF CERVICAL MULTIPLE SCLEROSIS WITH (select one):
    ☐ MS w/new onset of neuro def ref to CS
    ☐ Objective evidence of neuro signs & sx