CLINICAL CRITERIA FOR UM DECISIONS  
Precertification of Outpatient Cervical Spine Magnetic Resonance Imaging (MRIs)  
(CPT codes include: 72141, 72142, and 72156)

Capital Health Plan provides coverage for outpatient cervical MRI imaging for members 13 years of age or older who meet the medical necessity criteria below. Prior authorization is required for this service to be covered.

Neck pain complicated by any one of the following:

1. Persistent neck and/or radicular pain beyond 6 weeks in duration, and **ALL** of the following have occurred **within the past 6 months**:

   A. Has failed to improve with a reduction in pain and improvement in functional activities of daily living (ADLs) after 6 weeks of documented evidenced-based conservative treatment,* including:
      - Participation in the Center for Orthopedic & Sports Physical Therapy (COSPT) Back and Neck Program, or participation in physical therapy at Tallahassee Memorial Hospital Outpatient Rehab, or participation in chiropractor directed care
         **AND**
      - Evaluation and/or directed care by PCP, rheumatologist, orthopedist, pain management, neurologist, or neurosurgery
         **AND**
      - Trial use of analgesics and/or other appropriate medications
         **AND**
      - Modification of activity that exacerbates or produces symptoms
        **AND**

   B. Member is a candidate for invasive treatment (e.g., epidural steroids, surgery)

* Evidenced-based conservative treatment should include documentation of a minimum of three (3) sessions of physical therapy or chiropractic care within the past 6 months which includes a discharge summary from the physical therapist or chiropractor.
2. Severe persistent radiculopathy and motor weakness (with or without significant neck pain). Note: Severe radiculopathy includes marked motor deficits, characterized by radicular pain and sensory dysfunction with severe or worsening motor deficits.

OR

3. Evidence of cord compression or myelopathy as indicated by ANY ONE of the following:
   ● Urinary urgency, frequency, retention or overflow incontinence
   ● Spasticity
   ● Fecal incontinence
   ● Significant or progressive sensory or motor deficits
   ● Hyperreflexia or clonus
   ● Gait abnormality (e.g., spastic or ataxic)

OR

4. Evaluation of instability or cord compression with rheumatoid arthritis in the cervical spine and ANY ONE of the following:
   ● Evidence of myelopathy or progressive neurologic deficits
   ● Atlantoaxial subluxation or impaction on plain radiographs

OR

5. Documentation of recent significant C-spine trauma

OR

6. Suspected malignancy as indicated by localized cervical pain and ANY ONE of the following:
   ● Personal history of cancer, especially breast, lung, prostate, lymphoma, sarcoma, or kidney
   ● Unexplained weight loss
   ● Concurrent diagnosis of neoplasm
   ● Rapidly progressive weakness
   ● Positive bone scan
   ● Persistent symptoms in patient older than 50 years

OR

7. Suspected spinal infections, such as vertebral osteomyelitis, disk space infection or epidural abscess; and ANY ONE of the following:
   ● Fever
   ● Elevated erythrocyte sedimentation rate (ESR)
   ● Recent history of spinal surgery
   ● Positive bone scan
   ● Recent history of intravenous drug abuse, other source of infection, or
recent invasive procedure

OR

8.  Immunosuppression, or suspected inflammatory or demyelinating process

OR

9.  Prior cervical surgery within the past 6 weeks with significant new symptoms suggestive of a post operative complication that interferes with functional ADL’s (meaning an intolerance for walking, sitting, standing, and ability to transfer, such as from sitting).

Medical Necessity Approvals to be made by:
☑ Medical Director
☑ Physician Reviewer
☑ Utilization Management Nurse
☑ Nurse Reviewer
☑ Authorized CCD staff when UM criteria are met

These criteria apply to the following products when determined to be included in the member’s benefit package:
☑ Commercial

Approved by G&A: 10/6/16, 11/30/17

Capital Health Plan reserves the right to make changes to these criteria at any time to accommodate changes in medical necessity and industry standards.