CLINICAL GUIDELINES

Spine Imaging Policy

Version 1.0.2019

Effective February 15, 2019

eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Imaging requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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Spine Imaging Guidelines

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SP 4.1: Upper Back (Thoracic Spine) Pain without and with Neurological Features (Including Stenosis)

All of the following are required prior to advanced imaging:	
• Initial clinical evaluation performed. • A face-to-face evaluation within the last 60 days. • The initial evaluation is not required within the last 60 days if another face-to-face evaluation was performed in that time frame. This may be satisfied by the initial evaluation, re-evaluation or another visit.	
Failure of recent (within 3 months) 6-week trial of provider-directed treatment.	
Clinical re-evaluation after treatment period (may consist of a face-to-face evaluation or other meaningful contact, see **SP-1.1: General Considerations**).	
Advanced Diagnostic Imaging:	MRI Thoracic Spine without contrast (CPT® 72146).
Comments:	A CT Thoracic spine without contrast (CPT® 72128) ***or*** CT Myelography (CPT® 72129) is appropriate when MRI is contraindicated.

SP 4.2: Upper Back (Thoracic Spine) Trauma

All of the following are required prior to advanced imaging:	
• Initial clinical evaluation performed. • A face-to-face evaluation within the last 60 days. • The initial evaluation is not required within the last 60 days if another face-to-face evaluation was performed in that time frame. This may be satisfied by the initial evaluation, re-evaluation or another visit.	
Failure of recent (within 3 months) 6-week trial of provider-directed treatment.	
Clinical re-evaluation after treatment period (may consist of a face-to-face evaluation or other meaningful contact, see **SP-1.1: General Considerations**).	
Plain x-rays of thoracic spine negative for fracture.	
Advanced Diagnostic Imaging:	MRI Thoracic Spine without contrast (CPT® 72146) ***or*** CT Thoracic Spine without contrast (CPT® 72128).

- Red Flag Indications: See **SP-1.2: Red Flag Indications**

Practice Notes:

- Thoracic radiculopathy presents with pain radiation from the thoracic spine around the trunk. At upper thoracic spine levels, the pain radiation is from the thoracic spine around the rib cage following the sensory distribution of an intercostal nerve.
- Advanced diagnostic imaging is generally not appropriate in evaluation of axial low back pain with radiation toward the thoracic region unless there are documented clinical features indicating a thoracic spine disorder.

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SP-17: Nuclear Medicine

- Nuclear Medicine
  - Nuclear medicine studies are rarely used in the evaluation of the spine, but are indicated in the following circumstances:
    - Bone scan (CPT® 78315 or CPT® 78320) is indicated for evaluation of suspected loosening of orthopedic implants when recent plain x-ray is nondiagnostic.
    - Bone scan SPECT (CPT® 78320) or SPECT/CT (CPT® 78320) can be used if there is back pain with suspected failed fusion surgery with suspected painful pseudoarthrosis and MRI/CT are nondiagnostic.
- Any of the following studies are indicated for initial evaluation of suspected osteomyelitis:
  - Bone scan (one of CPT® codes:78300, 78305, 78306, or 78315)
  - Nuclear Bone Marrow imaging (one of CPT® codes: 78102, 78103, or 78104)
  - Radiopharmaceutical inflammatory imaging (one of CPT® codes: 78805, 78806, or 78807)
- For follow-up imaging, any of the following studies are indicated for evaluation of response to treatment in established osteomyelitis. The appropriate follow-up advanced imaging time frame will depend on the nature of the underlying disease and prior imaging. Follow-up advanced imaging requests will be forwarded for medical director review:
  - Bone scan (one of CPT® codes: 78300, 78305, 78306, or 78315)
  - Nuclear Bone Marrow imaging (one of CPT® codes: 78102, 78103, or 78104)
- Radiopharmaceutical inflammatory imaging (one of CPT® codes: 78805, 78806, or 78807)SPECT bone scan (CPT® 78320) is indicated for evaluation of facet arthropathy in patients with ankylosing spondylitis, osteoarthritis, or rheumatoid arthritis.
- SPECT bone scan (CPT® 78320) or SPECT/CT (CPT®78320) (if requested) is indicated for the evaluation of back pain and suspected spondylolysis.
- SPECT has been described to identify spinal pain generators, pseudoarthrosis of spinal fusion or hardware failure when conventional advanced diagnostic imaging studies are inconclusive, non-diagnostic or equivocal. Requests for SPECT for these indications will be reviewed on a case-by-case basis by the Medical Director.

Reference

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