I. Acute cervical pain (onset within the past 6 weeks) (MRI without contrast unless otherwise specified)

Not appropriate: uncomplicated acute cervical pain (<6 weeks) with or without suspected radiculopathy (no red flags) does not warrant the use of MRI. Radicular symptoms alone, in the absence of objective neurological signs, do not normally indicate a need for an MRI within an early time period.

☐ Any new objective neurological signs, either:
  ☐ Clear cut signs (sensory loss, motor weakness, abnormal reflexes) in a radicular pattern
  ☐ Evidence of neurologic signs or symptoms suggestive of spinal cord involvement (e.g. bilateral numbness, weakness, or reflex changes in arms)
  ☐ Progressive neurological deficit
  ☐ Evidence of spinal instability or spinal fracture on any other imaging test
  ☐ History of significant trauma, including:
    ☐ Cranial trauma,
    ☐ Significant whiplash following high speed impact,
    ☐ Significant fall
  ☐ Patient not evaluable for 48 hours and suspected cervical trauma
  ☐ Suspicion or objective evidence of (MRI with or without contrast):
    ☐ Malignancy
    ☐ Infection
    ☐ Immunosupression
    ☐ Bone disc margin destruction on plain radiographs

II. Subacute cervical pain (>6 weeks) and no prior MRI for the same episode of cervical pain

☐ Any neurological signs or symptoms
☐ Prior neck surgery and significant new neurological signs or symptoms
☐ Evidence of spinal instability or spinal fracture on any other imaging test
☐ Complex congenital anomaly or deformity of the spine
☐ Evidence of substantial spinal canal stenosis on other imaging tests

III. Chronic or recurrent cervical pain (>3 months) and prior MRI done for the same episode of cervical pain

☐ Significant objective worsening of neurological status by physical exam or electrodiagnostic testing
☐ Patient is considered a candidate for cervical spine surgery and either:
  ☐ Progressive changes in objective neurological findings
  ☐ At least one year since last cervical MRI (without objective change in neurological signs)
☐ Prior cervical spine surgery and either:
  ☐ New or worsening significant objective neurological findings
  ☐ Other imaging or clinical findings suggest new adverse effects of surgery

IV. Suspect Cervical Multiple Sclerosis (MS)

☐ Suspicion of cervical MS with objective evidence of neurological signs and symptoms in time and space or definite/probably MS with new onset neurological deficit referable to the cervical spinal cord
References

