MRI Lumbar Spine

When calling Anthem (1-800-533-1120) or using the Point of Care authorization system for a Health Service Review, the following clinical information may be needed to process your request. Being prepared with complete information will help expedite our response.

**Generally with all requests, we will need:**

- Diagnosis or symptoms that the patient is displaying and the duration of symptoms
- Any “rule out” conditions
- Any previous radiological studies and results
- Any previous therapeautic treatment and the results of that treatment

*In some instances we will only need the diagnosis and symptoms. For these conditions, the following information may be asked.*

<table>
<thead>
<tr>
<th>Lumbar Spine Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>72148</td>
<td>MRI lumbar spine; w/o contrast</td>
</tr>
<tr>
<td>72149</td>
<td>MRI lumbar spine; with contrast</td>
</tr>
<tr>
<td>72158</td>
<td>MRI lumbar spine; w/o contrast followed by contrast</td>
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</tbody>
</table>

- Does the patient have leg pain with or without associated back pain and documented focal neurological deficits (such as motor weakness, dermatomal sensory loss, or significant reflex abnormality)?

- Does the patient have pain/radiculopathy not improving despite 4 weeks of conservative treatment (nonsteroidal anti-inflammatory drugs, physical therapy, chiropractic therapy, etc.)?

- Did the patient experience recent trauma to the spine with abnormal x-ray or persistent localized pain?

- Is there a clinical suspicion of an infectious process involving the lumbar spine or spinal cord?

- Localized low back pain with fever for possible diagnosis of disk space infection, osteomyelitis or epidural abscess?

- Persistent back pain with elevated sedimentation rate?

- Is there a clinical suspicion of a primary lumbar spine cancer with symptoms and/or findings suggesting involvement of the lumbar spine, spinal cord, meninges or positive bone scan?
• Does the patient have a known diagnosis of cancer with suspicion of metastases to the lumbar spine or spinal cord?

• Is this to further investigate a spinal abnormality of unknown or uncertain cause seen on plain film?

• Are findings consistent with cauda equine syndrome (bilateral sciatica, saddle anesthesia, bladder/bowel disturbance, etc.)?

• Does the patient have signs/symptoms suggestive of spinal stenosis (pseudoclaudination; pain/numbness/tingling with activity, relieved by rest, sitting, spinal flexion; suggestive x-ray findings)?

• Lumbago or non specific backache

• Previous lumbar surgery to differentiate between scar and bulging disk with
  o Significant new symptoms
  o Surgical management is being considered

• Suspected postoperative infection (spondylodiskitis) with findings that may include worsening back pain, fever and epidural abscess

• Radiologic evidence of spondylolysis (e.g. x-ray, bone scan, or CT scan) or spondylolisthesis and
  o Urinary retention or incontinence
  o Spinal claudication
  o Focal neurologic findings

• Suspected inflammatory process in the nerve root not secondary to compression

• Scoliosis with
  o Primary left thoracic curve
  o Abnormal neurologic examination
  o Infantile or juvenile onset
  o Neurofibromatosis
  o Congenital scoliosis

• Congenital spinal deformities for
  o Tethered cord
  o Myelomeningocele
  o Myelocele
  o Diastematomyelia
  o Dorsal dermal sinus
  o Intradural lipoma
- Tight filum terminale
- Anterior sacral meningocele
- Lateral sacral meningocele
- Hydromyelia
- Split notochord syndrome
- Caudal regression syndrome