



Medical Justification Scheduling Form

Workers' Compensation No Fault

MRI CT X-Ray Open MRI Include Contrast

Patients in Reproductive Years: MRI Preferred vs. X-Ray in Mid-Low Back Region

In Accordance with NYS Workers' Compensation Board
Medical Treatment Guidelines Released December 2010:

The Suspected Conditions Below Are Considered
Medically Appropriate for Ordering
MRI, CT, or X-Ray Studies

Patient: _____

Date of Birth: _____ Phone #: _____ Date of Accident: _____

Insurance Co: _____ Adjuster's Name: _____

Billing Address: _____

Carrier Case/Claim #: _____ WCB/Policy #: _____

Occurance of Injury/Notes/RO: _____

Shoulder: Right Left

Check All Differential Diagnoses Which May Apply

Injury Within first 4-6 Weeks:

- Acromioclavicular Joint Sprain/Dislocation (X-Ray)
- Adhesive Capsulitis (Arthrography and/or X-Ray)
- Bursitis (X-Ray)
- S.L.A.P Lesion (MRI Arthrogram Recommended, X-ray)
- Brachial Plexus Injury (MRI, Chest X-Ray)
- Spinal Accessory Nerve Injury (X-Ray)
- Suprascapular Nerve: Suspected Mass Lesion (MRI)
- Rotator Cuff Tear/Tendonitis (X-Ray) (MRI: Full Thickness Tear)
- Bicipital Tendon Disorder (X-Ray)
- Impingement Syndrome (X-Ray)
- Shoulder Instability (X-Ray)

Pain Refractory 4-6 Weeks After Treatment:

- Bicipital Tendon Disorder (MRI, MRI/CT Arthrogram)
- Impingement Syndrome (MRI, MRI/CT Arthrogram)
- Rotator Cuff Tear/Tendonitis (MRI, MRI/CT Arthrogram)
- Shoulder Instability (MRI, MRI/CT Arthrogram)

Fractures:

- Sternoclavicular (X-Ray)
- Humeral Shaft (X-Ray)
- Scapular (X-Ray)
- Clavicular (Chest X-Ray)
- Proximal Humeral (X-Ray)

Knee: Right Left

Check All Differential Diagnoses Which May Apply

Injury:

- Aggravated Osteoarthritis (X-Ray)
- Patellar Subluxation (X-Ray)
- Collateral Ligament (MRI for suspected Grade II / III Tears)
- Anterior Cruciate Ligament (MRI Recommended, X-Ray)
- Posterior Cruciate Ligament (MRI Recommended, X-Ray)
- Chondral Defects (MRI Recommended, CT and/or X-Ray)
- Meniscus (MRI Recommended, X-Ray)
- Retropatellar Pain Syndrome (MRI, CT, and/or X-ray)

Surgery Scenario:

- Knee Fusion (MRI and/or X-Ray)
- Bursectomy (X-Ray)
- Osteotomy (MRI, CT, and/or X-Ray)
- Meniscectomy (MRI)
- Total Knee Replacement (Standing X-Ray)
- Amputation (X-Ray and/or Vascular Studies)
- Manipulation Under Anesthesia (X-Ray)
- Ligament Repair (MRI and/or Arthrogram)
- Hardware Removal (MRI, CT, and/or X-Ray)
- Release of Contracture (MRI, CT, and/or X-Ray)

Repeat Imaging: When Symptoms Progress, to Reassess Care or Stage Injury (Applies to Shoulder, Knee, & Spine)

Lumbar Thoracic Cervical

Check All Differential Diagnoses Which May Apply

Acute: Less than 6 Weeks "Red Flag" Conditions:

- Signs of Infection
- Dislocation
- Suspicion of Fracture
- Suspected Disc Herniation
- Significant Trauma W/no improvement to Atypical Symptoms
- Tumor
- Signs of Nerve Root Compression
- Suspected Spinal Cord Contusion or Other Spinal Cord Injury
- Signs of Metastatic Disease (Bone Marrow Involvement)
- Multiple Nerve Root Involvement
- Extra Spinal Disorder

• Acute Back Pain w/demonstration of...

- Progressive Neurologic Deficit Symptoms
- Signs of Cauda Equina Syndrome
- Atypical Presentation
- History of Neoplasia (cancer)
- Myelopathy (Evaluate Spinal Cord & Differentiate/Rule Out Masses)
- Progressive Neurological Changes
- Severe Symptoms of Radicular Pain NOT Trending Towards Improvement

Sub Acute/Chronic: Post 6-Week Conservative Treatment

- Sub acute/Chronic Radicular Pain NOT Trending Towards Improvement
- Absence of Myelopathy or Progressive Neurological Changes
- Acute Radicular Pain Syndrome in absence of red flags
- Acute Back Pain in the absence of red flags

Other Recommended Scenario

- Epidural Glucocorticosteroid Injection (MRI 3-4 weeks prior) (Mid/Low Back)
- Suspicion of Concurrent Pathology Unrelated to Injury (Mid/Low Back)

Prescribing Doctor: (Please Print) _____

Address and Phone: _____

I believe the study(s) prescribed above are medically necessary and will help determine the course of treatment.

Doctor's Signature: _____



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