

MID NOTTS REFERRAL CRITERIA - DIRECT ACCESS MRI SPINE AND KNEE

1. EXCLUDE ABSOLUTER CONTRA-INDICATIONS TO MRI:

- *Pacemaker or cardiac defibrillator*
- *Cochlear implant*
- *Neurostimulator*
- *Orbital or spinal metallic foreign body*
- *Untested intracranial aneurysm clips*
- *Infusion pumps*
- *Implanted drug infusion ports*

2. Patient is 16 or over

3. SPINE

Routine referral:

- 6-8 weeks of genuine radiculopathy (potential disc prolapse)
- No improvement with conservative therapy
- Surgery considered appropriate and patient willing to consider

Expedited referral (High Risk groups):

<20 or >55 years, osteoporosis, alcoholism, HIV, drug abuse, steroid therapy, adolescent suspected athletic injury, malignancy (suspected/diagnosed)

Clinical red flags for expedited MRI spine:

Sphincter or gait disturbance, saddle anaesthesia, motor loss, elevated plasma viscosity, weight loss, fever and other systemic symptoms, Asians with history of recent travel to subcontinent, TB contact, structural deformity, non-mechanical back pain (no relief with bed rest), thoracic pain

4. KNEE

Suspected meniscal tear: Inability to extend the knee suggesting the possibility of acute meniscal tear (McMurray test positive)

Ligament damage: Clinical findings suggesting acute anterior cruciate ligament tear (Lachmann test positive)

References:

Musculoskeletal imaging for GPs, ARC
Imaging guidance for GP commissioning, RCR
Clinical guidance for MRI referral, RACGP