

VALLEYCARE
OLIVE VIEW-UCLA MEDICAL CENTER
DEPARTMENT OF RADIOLOGICAL SCIENCE
POLICY & PROCEDURE

NUMBER: 5853
VERSION: 1

SUBJECT/TITLE: 50B - MRI HOURS OF OPERATION AND OFF-HOURS MRIS

POLICY: Radiology Department/MRI Section

MRI services are provided to Olive View-UCLA Medical Center by the outside vendor, Insight for Valley Care patients from the following facilities: Olive View-UCLA Medical Center, Mid-Valley Comprehensive Health Center, Glendale Health Center, San Fernando Valley Health Center and the referral center patients from our PPNs. The MRI daily hours of operations are Mon-Fri 7:00 am to 12:00 am (midnight) for inpatients, DEM/Urgent Care patients and outpatients. Off-hours MRI are available during the week, weekends and holidays for acute cord compression and rarely acute stroke if requested by the Neurology service for patient management.

All MRI requests ordered by residents require approval by the supervising attending. In addition, for STAT MRI requests, an ordering attending physician note in the medical record is required documenting the indication, physical exam findings and urgency for the STAT MRI. Radiologist approval is required for off-hours MRI studies.

The only indication for an off-hours emergency MRI scan is suspected cord compression with symptoms progressing in the time frame of hours, for whom treatment would be done immediately (i.e., middle of the night) if cord compression is found.

Findings that would suggest the possibility of acute cord compression include one or more of the following:

- Bladder dysfunction (urinary retention or incontinence)
- Bilateral limb weakness
- Sensory abnormalities with a sensory level
- Flaccid areflexia with upgoing toes, loss of anal sphincter tone

Many patients who present during off- hours and for whom MRI is indicated can have the test deferred until 7 am (e.g., severe back pain and fever in an intravenous drug user, without neurologic deficits). Patients for whom MRI is deferred until the morning should have frequent repeat assessments, and any

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progression of neurologic findings should prompt calling in the tech for off-hours MRI. If the patient presents with complicated back pain which does not meet the above criteria for possible acute cord compression, the ordering service may request approval by a radiologist for a STAT MRI during the weekend and holiday off- hours of 8 am to 12 am (Midnight). Complicated back pain includes etiologies such as history of cancer, trauma, old age with concern for insufficiency fracture and intravenous drug abuse (IVDA) with fever and leukocytosis.

Any patient whose condition is critical is to be transported per hospital guidelines for critically ill patients. For patients undergoing an MRI to rule out traumatic injury or acute cord compression, appropriate spinal immobilization (e.g., cervical collar) is to be used and the level of escort staff is to be determined by the referring physician. Any patient with a lesion suspected to be unstable with movement is to be accompanied by staff (escort) trained in spinal immobilization. The patient transportation must be accompanied by a physician or other trained personnel who will supervise, assist in the transfer of the patient from the gurney on to the MRI scanner and removal of the cervical collar, if applicable. The patient escort is also required to assist in the patient transfer from the MRI scanner onto the gurney and replacement of cervical collar, if applicable and accompany patient back to the ER.

Back pain with unilateral radiculopathy is not an indication for emergent MRI. Acute stroke is not an indication for emergent MRI, except under exceptional circumstances when specifically requested by the neurology consultant because it will immediately affect patient care.

It is noted that the above clinical determinations were made in conjunction with the Olive View-UCLA Department of Neurology.

Two semi- urgent ER MRI slots will be available each day. Unfilled ER slots may be filled by other MRI patients.

PURPOSE: To establish Insight's MRI daily operating hours and off-hours MRI indications at Olive View-UCLA Medical Center

DEPARTMENTS: ALL

DEFINITIONS:

PROCEDURE:

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References:

Acute cord compression:

1. [Acad Emerg Med](#). 2011 Jul;18(7):719-25. doi: 10.1111/j.1553-2712.2011.01105.x. Epub 2011 Jul 5. Diagnosis of spinal cord compression in nontrauma patients in the emergency department.

2. Junck L: Metastases to the meninges, spine and plexus. Chapter 74 in Noseworthy JH (ed): Neurological Therapeutics, Principles and Practice. 2nd ed, Vol. 1, 2006, pp. 920-923

Suspected acute cord compression in cancer patients with suspected metastatic disease: NICE (National Institute for Health and Care Excellence in the UK) guidelines for MRI imaging (<http://www.nice.org.uk/nicemedia/pdf/CG75NICEguideline.pdf>):

Acute stroke: "Guidelines for the Early Management of Patients With Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American 2013 (doi: 10.1161/STR.0b013e318284056a *Stroke*. 2013;44:870-947)

Acute back pain and radiculopathy:

American College of Radiology ACR Appropriateness Criteria
<http://www.acr.org/~media/ACR/Documents/AppCriteria/Diagnostic/LowBackPain.pdf>

As per the above American College of Radiology ACR Appropriateness Criteria
(<http://www.acr.org/~media/ACR/Documents/AppCriteria/Diagnostic/LowBackPain.pdf>)

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Date: 12/31/2013

Review Date: **02/27/2020**

Revision Date:

Distribution: Radiology

Original Date: 12/31/2013