

## Radiographic Exam Criteria and Key Considerations

The following radiographic examination criteria should serve as a guide for exposing medically necessary radiographs. The criteria should only be used subsequent to a thorough clinical examination consistent with the information derived from a patient's history and presenting complaints. These radiographic examination criteria have been developed by chiropractic radiologists and adopted by Review and Advisory Committees; when present, they indicate that a radiographic evaluation is medically necessary:

1. **History of significant trauma (rule out fracture, dislocation)**
  - Requires a significant trauma within the last four (4) weeks.
  - Injuries occurring over one month prior to presentation would not typically meet the criteria, since it would appear unlikely that a patient having sustained a fracture or dislocation would wait this long to seek medical treatment. Therefore, an automobile accident occurring five years ago would not meet this guideline.
  - Lifting, bending, working out in a gym, sitting in a car, sleeping wrong and awakening with pain, are more consistent with strain/sprain or postural injuries and would not meet the criteria of significant trauma, unless there is an accompanying bone-weakening disorder. However, bone-weakening diseases would generally be discovered during the initial history or through one of the other 19 criteria.
2. **Over 50 years of age (recent trauma, "red flag," or areas of complaint only where pain is at least a four (4) out of ten (10) on a Visual Analog Scale).** This is not simply pain of at least "4" on a VAS. The patient must also be over the age of 50 to meet this guideline.
3. **Over 70 years of age and having complaints in the area to be exposed.**
4. **Neuromotor deficits (rule out spondylolisthesis, tumor)**
  - Neuromotor deficits must be pertinent, consistent, and documented in the neurologic examination to meet criteria.
  - Subjective complaints of radicular symptoms or weakness are not considered neuromotor deficits unless confirmed by appropriate neurological examination findings.
  - Reflexes that are equally increased or diminished bilaterally would be considered normal findings rather than true neuromotor deficits.
5. **Unexplained weight loss (symptom of malignancy).**
  - Does not apply to patients who are trying to lose weight by dieting.
  - X-rays are intended to evaluate possible malignancies and/or metastasis to the spine based on suspicious history and/or physical examination findings.
6. **Reasonable suspicion of ankylosing spondylitis or other inflammatory arthritide.**
  - Reasonable suspicion is typically derived from a patient's history.
  - Does not include osteoarthritis/spondylosis (i.e., non-inflammatory arthritides).
  - Includes psoriatic arthritis, rheumatoid arthritis, systemic lupus erythematosus and Down's syndrome. The x-rays are to evaluate atlantodental stability.
7. **Significant history of drug or alcohol abuse (risk factors for osteomyelitis, osteoporosis, trauma).**
  - Generally applies to abuse of IV drugs and/or chronic alcoholism.
  - Does not generally apply to the taking or abusing of prescription drugs (except for the long-term use of steroids).
8. **History of cancer (possibility of metastatic cancer greater).** X-rays are intended to evaluate possible malignancies and/or metastasis to the spine based on suspicious history and/or physical examination findings.
9. **Significant history of prolonged steroid use (increased risk for infection, osteoporosis).**

10. **Fever of over 100 degrees Fahrenheit (potential sign of osteomyelitis or epidural abscess).** There should be reasonable suspicion of infection/osteomyelitis based on history, presenting complaints and/or physical examination findings to establish the need for radiographs.
11. **Failure to improve with a trial of conservative therapy.**
  - Refers to an adequate trial of chiropractic/medical treatment, or no treatment within the last thirty (30) days, where the patient fails to improve and exhibits the presence of significant clinical findings, suggesting underlying pathology.
  - Applies to prior conservative medical treatment, prescription or over-the-counter medications, physical therapy, massage.
12. **Substantial examination findings that would warrant films to rule out pathology prior to initiating a course of treatment (e.g., straight leg raising with neurologic deficits or multiple sites of suspicious pain).** Subjective complaints of neurologic symptoms must be confirmed by pertinent orthopedic and neurologic examination findings. The specific dermatomal pattern should be specified. Examination findings and history should be consistent with patient's presenting complaints. X-rays are used to differentiate between a disc herniation and other space-occupying lesion.
13. **History of spinal surgery in the area to be treated.**
14. **History of surgery that might reasonably affect the proposed treatment.**
15. **Reasonable suspicion of bone demineralization.** Includes (but is not limited to), a hysterectomy patient who is not on hormone replacement therapy.
16. **Hard or soft tissue mass noted upon palpation.**
  - Applies to tumors, suspected malignancy, exostosis.
  - Does not apply to such entities as palpable fatty tumors or cysts, benign fibroids, muscle spasms, or muscle bunching.
17. **Prolonged unremitting symptoms with progression severity, or prolonged unremitting symptoms of the severity to awaken the patient at night.**
  - Symptoms must have been present for over one month, and must be constant and unremitting, or progressing in intensity and severity.
  - Organic disease should be suspected and should be consistent with the examination and history.
  - Does not apply if the patient's history clearly suggests a musculoskeletal disorder such as repetitive, postural or chronic sprain/strain.
18. **Deformity with stiffness.**
  - Intended for suspected fracture of long bones or obvious dislocation.
  - Does not apply to patients that awaken with conditions such as antalgia or torticollis.
19. **Significant medical history (e.g., chronic inflammatory arthropathies, positive Rheumatoid factor, significant scoliosis confirmed through appropriate history and examination, etc.) and supporting clinical findings, including (but not limited to) the following:**
  - Chronic inflammatory arthropathies,
  - Dermopathy, suggestive of psoriasis, Reiter's syndrome, melanoma, and the like,
  - Laboratory indicators such as significantly elevated erythrocyte sedimentation rate or alkaline phosphatase, positive rheumatoid factor, or monoclonal spiking on electrophoresis,
  - Known or suspected cardiovascular disease (e.g., rule out Abdominal Aortic Aneurysm),
  - Confirmed significant scoliosis through history and examination (e.g., rib-hump, etc.), and
  - When required by government regulations (e.g., Medicare).