



Requisition for Medical Imaging and Interventional Procedures

 U/S CT MRI Interventional

 Date request submitted (yyyy-mm-dd)

Please complete in **ink** and **fax** copy of report to WorkSafeBC.

Worker's information

Worker's last name	First name	Middle initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
WorkSafeBC claim number	Address		
Personal health number (BC Services card/CareCard)	Home phone number (include area code)	Work phone number (include area code)	Cellphone number (include area code)
Date of birth (yyyy-mm-dd)	Translator required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of injury (yyyy-mm-dd)	

Examination/procedure

Examination/procedure required — please be specific (e.g., left/right, body parts, spinal level)		
Interventional procedures (check all items that apply) <input type="checkbox"/> Include steroid <input type="checkbox"/> Diagnostic <input type="checkbox"/> Therapeutic Segmental numbering concerns		
Relevant prior imaging	Location of prior imaging	Date(s) of prior imaging (yyyy-mm-dd)
Diagnosis/medical history		

Essential medical information

Patient's weight	Patient's height		
Is patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is patient breastfeeding? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is patient diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is patient on Metformin? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify
Previous contrast reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify
Normal renal function? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please indicate recent eGFR/creatinine results

MRI only

History of welding, grinding, metal work, or a metallic foreign body in eye? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide orbital X-ray report before MRI examination
History of surgically implanted devices or metal in body? <small>(e.g., vascular filter, stent, clip, cardiac pacemaker, defibrillator, piercings, shrapnel, neurostimulator, ortho, or cochlear implant)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details/operative report
Is patient claustrophobic? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please prescribe medication and/or indicate wide-bore MRI

Interventional only

Is patient taking anticoagulant/anti-platelet medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list medications		
INR	Date (yyyy-mm-dd)	Platelets	Date (yyyy-mm-dd)

Ordering physician

Name		Signature	
Phone number		Fax number	MSP number
Copies of report to	Fax number		Fax number
1	WorkSafeBC	604.233.9777 or toll-free 1.888.922.8807	
2		Fax number	
3		Fax number	



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MRI lumbar spine — appropriateness criteria

The purpose of an MRI for lumbar spine is to identify nerve compression secondary to degenerative findings (herniated disc, spinal stenosis) or presence of tumour, infection, or trauma. The most common cause of low back pain is mechanical and will resolve itself within 12 weeks. MRI is **not** indicated for acute mechanical low back pain in the absence of risk factors or concerning clinical findings.

*If suspicion of cauda equina syndrome (bilateral motor and sensory abnormalities with urinary dysfunction) or significant acute traumatic event immediately preceding onset of symptoms, **send patient to ER.***

Complete the checklist for all adult patients (18 years of age and older) referred for MRI lumbar spine. One or more of the following must apply in order to be eligible for MRI lumbar spine:

- Significant or progressive neurologic deficits on reflex, motor, and sensory examination
(provide localizing findings in the requisition)
- Risk factors for infection or tumour:
 - Unexplained weight loss, fever, or immunosuppression
 - History of cancer or suspected cancer
 - Use of IV drugs or steroids
- Radicular pain or symptoms of neurogenic claudication lasting > 12 weeks in the absence of other criteria
- Patient has had previous lumbar spine surgery (at least one of the above criteria must be met to justify MRI)
- MRI was recommended on a previous imaging report

MRI knee and hip — appropriateness criteria

The primary purpose of an MRI for the knee or hip is surgical planning. In most cases, using an MRI does not add useful information for patients with moderate to severe osteoarthritis, especially for those with chronic degenerative conditions. A weight-bearing X-ray is recommended to identify osteoarthritis.

Complete the checklist for patients 40 years of age and older referred for MRI knee or hip.

One or more of the following must apply in order to be eligible for MRI knee or hip:

- Suspected infection
- Osteonecrosis
- Suspected tumour
- Fixed locked knee

If patient has had a weight-bearing X-ray and has confirmed mild or no evidence of osteoarthritis in the knee or hip, a specialist referral is recommended. Pre-consult MRI is not required.

Incomplete requisition forms will be returned

Claims Call Centre

Phone 604.231.8888
Toll-free 1.888.967.5377
M-F, 8 a.m. to 6 p.m.

Fax

604.233.9777
Toll-free 1.888.922.8807

Mail

WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office, at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or email FIPP@worksafebc.com, or call 604.279.8171.