

# ABNORMAL BRAIN AND SPINE MRI REFERRAL GUIDELINE

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## HIGH RISK

### SUGGESTED EMERGENT CONSULTATION

**SYMPTOMS AND LABS**

Newly found brain/spinal cord mass or lesion with or without signs or symptoms (except for meningioma, which are to be referred to neurosurgery)

Demyelinating lesion with focal neurological signs/symptoms

Acute restricted diffusion positive lesion

**EXAM:** Asymptomatic OR seizure, HA, focal weakness or numbness, cognitive changes

**SUGGESTED PREVISIT WORKUP**

Have films imported to IMPAX or sent to MMP Neuro STAT and have adult neurology review for scheduling

Send to ER if patient is decompensating or has significant edema around the lesion

## MODERATE RISK

### SUGGESTED CONSULTATION OR CO-MANAGEMENT

**SYMPTOMS AND LABS**

Known mass/lesion that has remained stable but never evaluated

Possible demyelinating lesion in patient < 60 who is asymptomatic

Subacute stroke or small vessel disease in patients with no known vascular risk factors

Ventriculomegaly, concerning for NPH

Atrophy out of proportion to age

Colloid or arachnoid cyst with or without symptoms

Chiari I malformation

Cavernous malformation

**SUGGESTED WORKUP**

Referral to adult neurology and patient will be seen next available

Ensure all imaging has been sent or pushed to IMPAX before scheduling.

## LOW RISK

### SUGGESTED ROUTINE CARE

**SYMPTOMS AND LABS**

“Small vessel disease” in patients with known vascular risk factor

Global atrophy without symptoms

Aneurysm

Pituitary adenoma

**SUGGESTED MANAGEMENT**

Management of vascular risk factors

Refer aneurysm to neurosurgery or vascular neurology

Refer pituitary tumors to endocrine and neurosurgery

## CLINICAL PEARLS

- It is common to see nonspecific T2 hyperintense lesions in the subcortical white matter in patients with risk factors for small vessel disease (hypertension, hyperlipidemia, tobacco use, diabetes). This is also common in older patients (> 70 y/o) or in patients with history of migraines.
- Not all newly discovered mass lesions necessarily need steroids. Steroids are needed based on clinical presentation- if patient is asymptomatic or mildly symptomatic, no need to reflexively start steroids.
- Ensure all images are either pushed to IMPAX or have been received at our office prior to scheduling a patient to discuss an abnormal MRI. Having MRI reports available is also helpful, but not as important as having the actual images.

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P A R T N E R S

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.