

# Do you really need that MRI?

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Too many tests at the doctor's office could cost you more than just dollars. In addition to the huge hit to your wallet, there's also the potential harm of false positives, and just because a test has traditionally been done for a condition doesn't mean it's the best way to treat it.

U-M neurologist Brian Callaghan, M.D., M.S., is helping lead a national push to determine what neurologic tests or services are performed more than they should be.

It comes out of a campaign called Choosing Wisely, an initiative of the ABIM Foundation, which works with more than 70 medical specialty societies to encourage conversations between clinicians and patients about avoiding wasteful or unnecessary medical tests, treatments and procedures. Each society, including the American Academy of Neurology (AAN), got together to identify an initial list of five medical services that may be unnecessary. Many societies have returned with second, or even third, lists of five.

Callaghan's neurology group started by looking into the AAN's list, and then went further to identify a whopping 74 items to look into from other recommendations that addressed neurological care, such as from the American Academy of Sleep Medicine and the American Academy of

Neurological Surgeons. Many were duplicates, which might indicate a consensus of areas to focus on.

"The two biggest areas that might be done more than they should be imaging for low back pain and imaging for headaches," Callaghan said. "It's a big problem and it costs a lot of money - we're talking a billion dollars a year on just headache imaging."

The other test/treatment appearing most often was opioids, or pain medications.

The diseases/symptoms that appear most often are

- Low back pain
- Dementia/delirium
- Headache
- Concussion
- Stroke

Callaghan and his colleagues aren't encouraging you to say no if your doctor wants to image your low back pain or headache, but instead, they hope to inspire more thought and discussion about the specific purpose of a test.

"Ordering an MRI for a headache is very quick, and it actually takes longer to describe to the patient why that's not the best route," Callaghan said. "These guidelines are meant for physicians and patients both, to trigger a conversation."

The next step is to get the doctor-patient discussions going, so Callaghan's group is now researching how to make it easier for physicians to follow the guidelines.

"These are all areas where lots of physicians agree that you're more likely to get harmed by doing the procedures," Callaghan said.

The team also came up with areas that need more recommendations, including movement disorders, neuromuscular disease, epilepsy and multiple sclerosis.

Provided by University of Michigan Health System

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