

Open/Upright MRI

Date	September 2019	Date of Last Review:	May 2017
<p>Policy: Referral for routine open or upright magnetic resonance imaging (MRI) in all indications is considered of low priority and will only be commissioned by the NHS on an individual case basis. Clinicians need to apply to the exceptional cases panel for approval of funding - click here to access the referral proforma.</p> <p>Urgent open/upright MRI requests, in cases with red flag symptoms or signs, should be made urgently by the referring clinician directly to the commissioned provider and are excluded from this policy – see referral proforma for list of providers.</p> <p>Patients with the following may be eligible for funding:</p> <ul style="list-style-type: none"> Patients who are unable to tolerate conventional MRI due to claustrophobia despite conservative management of anxiety (including noise-cancelling headphones, visual aids and scanning feet first) AND the use of sedation (where sedation is not contraindicated). <u>Patients who are unable to tolerate conventional MRI due to claustrophobia despite trying a number of conservative measures to manage the anxiety, such as physical measures like noise-cancelling headphones, visual aids and scanning feet first, and psychological measures such as reassurance and explanation, and specific treatments for anxiety from a therapist</u> <p>OR</p> <ul style="list-style-type: none"> Patients who are unable to fit in a conventional MRI scanner, eg due to obesity or inability to lie flat. <p>OR</p> <ul style="list-style-type: none"> Patients with debilitating symptoms which are thought to be due to weight bearing pathology, where previous conventional MRI has shown no pathology and results will inform patient management. <p>Open/upright MRI scans provided must be of 0.5 Tesla or above.</p> <p>Funding requests for open or upright MRI should be submitted by the referring clinician stating clearly the clinical question and reason for exceptionality, as well as the proposed intervention.</p> <p>It is the responsibility of referring and treating clinicians to ensure compliance with this policy.</p>			

Background: Traditional MRI involves patients lying in the supine position in a noisy enclosed space for up to 90 minutes. This may be difficult for patients who are morbidly obese, those who suffer from anxiety secondary to claustrophobia^{1,2} or those who are unable to lie flat. It has also been asserted that standard MRI scans, that image in the supine position, may not always reveal pathology of weight-bearing joints³ and that upright MRI

Evidence and rationale:

may reveal additional pathology.⁴ Open/upright MRI has been proposed as a solution. Although it uses a lower magnetic field strength compared to standard MRI and hence lower resolution, it has been claimed that the current strength of open/upright MRI is sufficient to give equivalent diagnostic accuracy for some conditions.^{5, 6}

Evidence for the benefit of open MRI in patients with claustrophobia is mixed.² There are a limited number of studies of upright vs conventional MRI for the diagnosis of weight-bearing pathology but one study has shown some advantage in patients with back pain.⁴ Therefore, these will only be funded where a patient is unable to undergo a standard MRI, where a standard MRI does not reveal debilitating weight-bearing pathology, or where there is a case for exceptionality.

Priority: Lower clinical priority.

GLOSSARY:

Anxiolytic:	A medication/drug used to reduce anxiety.
Claustrophobia:	The irrational fear of confined spaces.
Supine:	Lying flat on the back with the face upward.
Tesla:	The unit of measurement of the strength of a magnetic field.

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