

West Yorkshire Integrated Care Board (WY ICB)					
Policy	Open / Upright MRI scanning			ICB Ref	Planned care
First Issue Date	To be confirmed	Current version:	1	Last reviewed:	May 2022
Review date	To be confirmed	Contact	West Yorkshire Health and Care Partnership (WY HCP) wyhcp.plannedcare@nhs.net		
Clinical Reviewer	WY HCP	Approved by	WY ICB		
Policy exclusions					
<ul style="list-style-type: none"> • Upright MRI scanning within the Private sector is not routinely commissioned. • Standing, upright, weight bearing or positional (open) MRI will NOT be routinely commissioned. • The ICB does not support whole spine or body imaging and will only fund upright MRI of the specific anatomy requested. • The ICB regards the standing, axially loaded, positional (open) or weight bearing MRI, investigational. There is limited peer reviewed scientific data available on the accuracy and diagnostic utility of these types of MRIs. Well designed, larger, clinical trials are necessary to effectively determine the evidence showing the degree to which such methods are safe, effective and more accurate than conventional MRI for use as diagnostic tools. 					
Policy inclusion criteria					
Upright MRI					
Upright MRI scanning may be considered for cases on an exceptional basis where;					
<ul style="list-style-type: none"> • Evidence supports that due to severe pain (having utilized appropriate pain medication) AND • The patient cannot lie properly for the required scan time in a conventional MRI scanner due to the patient's condition 					
Clinically urgent cases (required within 14 days)					
In most cases where clinically urgent a normal MRI scanner would be preferable and could be arranged with sedation etc as necessary. If an upright MRI scan is requested as an urgent case this will need to have been discussed with a consultant radiologist to exclude other means of accessing imaging.					
Non clinically urgent cases (not required within 14 days)					

Referral for open MRI scanning of at least 0.5T as an alternative to conventional MRI may be commissioned in the following circumstances as an exception where all the criteria are met in full:

- Patients who suffer from claustrophobia where an oral prescription sedative has been tried and documented in clinical notes that this has not been effective (flexibility in the route of sedative administration may be required in paediatric patients as oral prescription may be appropriate)

OR

- Patients who are obese and cannot fit comfortably in conventional MRI scanners as determined by a consultant radiologist/radiology department policy (largest bore is 70cm and the weight limit 250kg; the issue regarding size is how the weight is distributed)

OR

- Patients who cannot lie properly in a conventional MRI scanner because of severe pain

AND

- The purpose of the scan is a last resort to exclude larger lesions if this is clinically relevant in the brain and spine. Peripheral body parts will not normally be considered for upright MRI unless at the specific request of an acute consultant who believes this is essential to clinical management due to failed trial of single body part MRI.
- A consultant led clinical team (be it MSK service, orthopaedics or neurosciences) has reviewed the case or directly initiated the request and make a recommendation following discussion with a consultant radiologist that upright MRI is clinically essential to the management of the case.
- The patient is registered with a GP Practice.
- For the use for Spinal cord compression and neural axis tumours, the use of an Open MRI is recommended rather than the use of a general anaesthetic as there is a lesser risk to the patient.

NB: ALL requests for Open/Upright MRI **MUST** be supported via referral from a Consultant Radiologist.

Summary of evidence / Rationale	
Reference	