

Multiple Sclerosis (MS)

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Care Pattern

CP-C

9000009 Patient(s) with more than one magnetic resonance imaging (MRI) scan of the head in last 12 reported months (excluding patient(s) with neurologic manifestations or complications suggesting a new disease state).

More than one head MRI study per year is generally not indicated for a patient with MS. The consensus opinion of experts was the primary source of this recommendation. Patients were excluded from this measure if they had any of the following diagnosis that might represent an indication for a head MRI study: fever, HIV/AIDS, acute meningitis, central nervous system (CNS) infection other than meningitis, toxic encephalitis, Parkinson's disease, amyotrophic lateral sclerosis, central nervous system (CNS) hemorrhage, nonruptured cerebral aneurysm or arteriovenous malformation, non-hemorrhagic stroke, transient cerebral ischemia, delirium, dementia, benign neoplasm of the CNS, hydrocephalus, coma, malignant neoplasm of the head and neck, malignant pulmonary neoplasm, malignant melanoma, malignant neoplasm of breast, lymphoma, malignant neoplasm of the CNS, other unspecified malignant neoplasms, evidence of major trauma, and seizure disorder. In addition, patients were excluded from this measure if they received natalizumab (Tysabri) during the 24 months prior to the end of the report period. Due to reports of progressive multifocal leukoencephalopathy (PML) associated with exposure to natalizumab, patients on natalizumab may have more frequent MRI scans (1).

1. Ransohoff RM. Natalizumab for Multiple Sclerosis. *N Engl J Med* 2007;356:2622-9.