References cited in the clinical content are classified according to the type of evidence presented. The class ratings, I through V, are intended to provide a classification of the evidence but are not necessarily hierarchical. Classifications appear in parentheses at the end of each reference. References followed by an (NC) are not classified; examples include pre-published research or information from government, manufacturer, laboratory, or patient education websites.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Type of Evidence</th>
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<tbody>
<tr>
<td>Class I</td>
<td>Meta-analysis, technology assessment, or systematic review</td>
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<tr>
<td>Class II</td>
<td>Randomized controlled trial</td>
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<tr>
<td>Class III</td>
<td>Observational or epidemiologic study</td>
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<tr>
<td>Class IV</td>
<td>Evidence-based guideline</td>
</tr>
<tr>
<td>Class V</td>
<td>Expert opinion, panel consensus, literature review, text or reference book, descriptive study, case report, or case series</td>
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**Class I**
Class I sources synthesize the results of multiple studies. When quantitative synthesis is possible, meta-analyses can provide a more accurate estimate of the effect or association size than individual smaller studies can. A Class I study that finds insufficient evidence to support or refute an intervention (due to a lack of appropriate primary research) is inconclusive. A potential weakness of Class I studies is that they may only assess published research, potentially leaving their findings vulnerable to publication bias.

**Class II**
A randomized controlled trial (RCT) is an experimental study design in which subjects are randomly assigned to an intervention or a control group. An RCT is the gold standard for testing cause and effect relationships. Intention-to-treat analysis should be performed to account for missing data points.

**Class III**
Observational or epidemiologic studies can suggest an association between events or findings. These associations cannot be used to establish causality. Cross-sectional, cohort, and case-control studies are all used to identify possible risk factors. Cross-sectional studies are also used to determine the prevalence of a condition. Cohort studies are used to study incidence, the natural history of a condition, prognosis after a specific exposure, and associated harms. Nonrandomized controlled trials are sometimes used when randomization is impossible or unethical.

**Class IV**
Evidence-based guidelines are systematically developed recommendations for clinical practice. Evidence-based guidelines identify the methodology used to gather the evidence on which the recommendations are based. Usually, a grading system for both the quality of the evidence and the strength of the recommendations is provided. Guidelines that are evidence-based may also contain consensus recommendations in areas where evidence is lacking, but these recommendations are clearly identified and appropriately graded.

**Class V**
Class V references may be the best information in the absence of other evidence. Expert opinion, panel consensus, literature reviews, and descriptive studies (case reports or case series) are subject to significant bias. A case series with comparison to historical controls can be plagued with missing data, and data extraction inconsistencies are common. The use of historical controls does not address how the diagnosis of disease or its treatment has evolved over time with newer technologies or medication. Text book information may be out of date by the time the book is published.
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Comparative Effectiveness Research (CER)

Citations are designated with the CER label as part of the evidence classification if the article cited is one of the following:
1. A clinical trial or other clinical study that directly compares two or more health care interventions for the same clinical scenario.
2. A systematic review that compares two or more health care interventions by synthesizing the research from previous clinical studies.

Bibliography


ACR-SPR-SSR Practice Parameter for the Performance and Interpretation of Magnetic Resonance Imaging (MRI) of Bone, Joint, and Soft Tissue Infections in the Extremities 2016. (V)

ACR-SPR-SSR Practice Parameter for the Performance and Interpretation of Magnetic Resonance Imaging (MRI) of the Knee. 2015. (V)


American College of Radiology. ACR appropriateness criteria: chronic foot pain. Reston (VA): American College of Radiology; 2013. (IV)


American College of Radiology. ACR appropriateness criteria: stress (fatigue/insufficiency) fracture, including sacrum, excluding other vertebrae. Reston, VA: American College of Radiology; 2016. (IV)

American College of Radiology. ACR appropriateness criteria: suspected osteomyelitis of the foot in patients with diabetes mellitus. Reston (VA): American College of Radiology; 2012. (IV)

American College of Radiology. ACR appropriateness criteria: Suspected physical abuse. Reston, VA: American College of Radiology; 2012. (IV)

American College of Radiology (ACR). ACR appropriateness criteria: acute trauma to the foot. Reston (VA): American College of Radiology; 2014. (IV)


American College of Radiology (ACR). ACR appropriateness criteria: Chronic Extremity Joint Pain--Suspected Inflammatory Arthritis. Reston (VA): American College of Radiology; 2016. (IV)


American College of Radiology (ACR). ACR appropriateness criteria: Non-Invasive Clinical Staging of Bronchogenic Carcinoma. Reston (VA): American College of Radiology; 2013. (IV)


American College of Radiology (ACR). ACR appropriateness criteria: Pre-irradiation of metastases. Reston (VA): American College of Radiology; 2014. (IV)

American College of Radiology (ACR). ACR appropriateness criteria: primary bone tumors. Reston (VA): American College of Radiology; 2013. (IV)

American College of Radiology (ACR). ACR appropriateness criteria: Seizures and Epilepsy. Reston (VA): American College of Radiology; 2014. (IV)


American College of Radiology (ACR). ACR-SPR-SSR practice parameter for the performance and interpretation of magnetic resonance imaging (MRI) of the fingers and toes. Reston (VA): American College of Radiology, Society of Pediatric Radiology, and Society of Skeletal Radiology; 2013. (V)

American College of Radiology et al., ACR-ASNR-SPR Practice Parameter for the Performance of Magnetic Resonance Imaging (MRI) of the Head and Neck. 2012 (V)
INTERQUAL® CARE PLANNING CRITERIA Bibliography: Imaging- Pediatric 2017

American College of Radiology et al., ACR-SPR Practice Parameter for the Performance of Skeletal Scintigraphy (Bone Scan). 2013. (V)


American College of Radiology, ACR Appropriateness Criteria, Orbits, Vision and Visual Loss (V)

American College of Radiology, ACR Appropriateness Criteria: stress (fatigue/insufficiency) fracture, including sacrum, excluding other vertebrae 2011 (IV)

American College of Radiology, ACR-ASER-SCBT-MR-SPR Practice Parameter For The Performance of Pediatric Computed Tomography (CT). 2014 (V)


American Institute of Ultrasound in Medicine. AIUM practice guideline for the performance of an ultrasound examination for detection and assessment of developmental dysplasia of the hip.; 2013. (IV)


Bahn Chair et al. Hyperthyroidism and other causes of thyrotoxicosis: management guidelines of the American Thyroid Association and American Association of Clinical Endocrinologists. Thyroid 2011. 21(6):593-646. (IV)


Beithon J. Diagnosis and Treatment of Headache Health Care Guideline. Bloomington: Institute for Clinical Systems Improvement (ICSI); 2013. (IV)


Bouchelouche and Choyke. PET/Computed Tomography in Renal, Bladder, and Testicular Cancer. PET Clin 2015. 10(3):361-74. (V)


Buchan et al. Imaging of postoperative avascular necrosis of the ankle and foot. Seminars in musculoskeletal radiology 2012. 16(3):192-204. (V)
INTERQUAL® CARE PLANNING CRITERIA Bibliography: Imaging- Pediatric 2017


Carragee et al. A gold standard evaluation of the "discogenic pain" diagnosis as determined by provocative discography. Spine 2006. 31(18):2115-2123. (III)


Chhabra et al. 3-Tesla magnetic resonance imaging evaluation of posterior tibial tendon dysfunction with relevance to clinical staging. The Journal of foot and ankle surgery : official publication of the American College of Foot and Ankle Surgeons 2011. 50(3):320-8. (V)


Corrias and Mussa. Thyroid nodules in pediatrics: which ones can be left alone, which ones must be investigated, when and how. J Clin Res Pediatr Endocrinol 2013. 5 Suppl 1:57-69. (IV)


Dempsey et al. ACR Appropriateness Criteria on Developmental Dysplasia of the Hip--Child; 2013. (IV)


Dragosavac et al. Staging recurrent ovarian cancer with (18)FDG PET/CT. Oncol Lett 2013. 5(2):593-7. (III)


Fakouri et al. When is the appropriate time for surgical intervention of the herniated lumbar disc in the adolescent? J Clin Neurosci 2009. 16(9):1153-6. (V)


Filippi et al. EFNS task force: the use of neuroimaging in the diagnosis of dementia. Eur J Neurol 2012. (IV)


INTERQUAL® CARE PLANNING CRITERIA Bibliography: Imaging- Pediatric 2017


Frymoyer and Wiesel. The adult and pediatric spine, 3rd edn. Philadelphia: Lippincott Williams & Wilkins; 2004; 2 vols. (V)


Hancock et al. Systematic review of tests to identify the disc, SIJ or facet joint as the source of low back pain. Eur Spine J 2007. 16(10):1539-1550. (I)


Harvey et al. Lumbar injuries of the pediatric population. Prim Care 2013. 40(2):289-311. (V)


Hillner et al. The impact of positron emission tomography (PET) on expected management during cancer treatment: findings of the National Oncologic PET Registry. Cancer 2009. 115(2):410-418. (III)


Hopkins et al. Positron emission tomography as predictor of rectal cancer response during or following neoadjuvant chemoradiation. World J Gastrointest Oncol 2010. 2(5):213-7. (V)


Hou et al. Repeated microendoscopic discectomy for recurrent lumbar disk herniation. Clinics (Sao Paulo) 2015. 70(2):120-5. (III)


Iyer and Lee. MRI, CT, and PET/CT for ovarian cancer detection and adnexal lesion characterization. AJR Am J Roentgenol 2010. 194(2):311-321. (V)


Khazen and Khazen. Tendoscopy in stage I posterior tibial tendon dysfunction. Foot and ankle clinics 2012. 17(3):399-406. (V)


Kwan et al. Definition of drug resistant epilepsy: consensus proposal by the ad hoc Task Force of the ILAE Commission on Therapeutic Strategies. Epilepsia 2010. 51(6):1069-77. (V)


Laurens and Oyen. Impact of Fluorodeoxyglucose PET/Computed Tomography on the Management of Patients with Colorectal Cancer. PET Clin 2015. 10(3):345-60. (V)


London et al. 18F-FDG PET/CT compared to conventional imaging modalities in pediatric primary bone tumors. Pediatr Radiol 2012. 42(4):418-30. (V)


Lopez-Ben. Imaging of nerve entrapment in the foot and ankle. Foot and ankle clinics 2011. 16(2):213-24. (V)

Lu et al. Use of FDG-PET or PET/CT to detect recurrent colorectal cancer in patients with elevated CEA: a systematic review and meta-analysis. Int J Colorectal Dis 2013. 28(8):1039-47. (I)


Milla et al. ACR Appropriateness Criteria(R) limping child--ages 0 to 5 years. J Am Coll Radiol 2012. 9(8):545-53. (IV)


Morelli and Braxton. Meniscal, plica, patellar, and patellofemoral injuries of the knee: updates, controversies and advancements. Prim Care 2013. 40(2):357-82. (V)

Moritani et al. Pyogenic and non-pyogenic spinal infections: emphasis on diffusion-weighted imaging for the detection of abscesses and pus collections. Br J Radiol 2014. 87(1041):20140011. (V)


Nakamura et al. Longitudinal Follow-up of a Cohort of Patients with Incidental Abnormal Magnetic Resonance Imaging Findings at Presentation and Their Risk of Developing Multiple Sclerosis. Int J MS Care 2014. 16(3):111-5. (III)

Nam et al. Diagnosis and staging of primary ovarian cancer: correlation between PET/CT, Doppler US, and CT or MRI. Gynecol Oncol 2010. 116(3):389-94. (III)

Nascimento et al. The role of magnetic resonance imaging in the evaluation of bone tumours and tumour-like lesions. Insights Imaging 2014. 5(4):419-40. (V)

National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology, Bone Cancer 2015. (IV)


Negrini et al. Recommendations for research studies on treatment of idiopathic scoliosis: Consensus 2014 between SOSORT and SRS non-operative management committee. Scoliosis 2015. 10(8):014-0025. (V)


North American Spine Society (NASS). Diagnosis and Treatment of Lumbar Disc Herniation with Radiculopathy. Burr Ridge (IL); 2012. (IV)


Ontario. The appropriate use of neuroimaging in the diagnostic work-up of dementia: an evidence-based analysis. Ontario: Health Quality Ontario; 2014. (IV)


Phan et al. Recent advances in the management of transient ischaemic attack: a clinical review. Intern Med J 2013. 43(4):353-60. (V)


Podoloff et al. NCCN task force report: positron emission tomography (PET)/computed tomography (CT) scanning in cancer. J Natl Compr Canc Netw 2007. 5 Suppl 1:S1-S22; quiz S23-22. (IV)

Podoloff et al. NCCN task force: clinical utility of PET in a variety of tumor types. J Natl Compr Canc Netw 2009. 7 Suppl 2:S1-26. (IV)


Roy. Electrodiagnostic evaluation of lower extremity neurogenic problems. Foot and ankle clinics 2011. 16(2):225-42. (V)

Rubin et al. ACR;SPR;SSR Practice Parameter for the Performance and Interpretation of Magnetic Resonance Imaging (MRI) of the Ankle and Hindfoot. Journal of the American College of Radiology : JACR 2014:16. (IV)


Sanchez-Alvarez et al. Drug-resistant epilepsy: current recommendations for diagnosis and treatment in Spain. Neurologia 2012. 27(9):575-84. (V)

Sandha et al. Is positron emission tomography useful in locoregional staging of esophageal cancer? Results of a multidisciplinary initiative comparing CT, positron emission tomography, and EUS. Gastrointest Endosc 2008. 67(3):402-409. (III)


Scottish Intercollegiate Guidelines Network (SIGN), Management of early rheumatoid arthritis. SIGN publication no. 123. Edinburgh: SIGN; 2011 (IV)


Shimizu et al. Detection of compression vessels in trigeminal neuralgia by surface-rendering three-dimensional reconstruction of 1.5- and 3.0-T magnetic resonance imaging. World Neurosurg 2013. 80(3-4):378-85. (III)


INTERQUAL® CARE PLANNING CRITERIA Bibliography: Imaging- Pediatric 2017


Taljanovic et al. ACR Appropriateness Criteria on Chronic Hip Pain; 2011. (IV)


Thakkar et al. Imaging the postoperative spine. Radiologic clinics of North America 2012. 50(4):731-47. (V)


Wiewiorski et al. Chondral and osteochondral reconstruction of local ankle degeneration. Foot and ankle clinics 2013. 18(3):543-54. (V)


Zhuang et al. MRI features of soft-tissue lumps and bumps. Clinical radiology 2014. 69(12):e568-83. (V)
