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McKesson Clinical Evidence Classification

References cited in the clinical content are classified according to the type of evidence presented. Classification ratings of I through V are used. Ratings are applied as clinical content is updated; therefore, a rating may not appear after each reference. Classification ratings appear in parentheses at the end of a reference.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Type of Evidence</th>
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</thead>
<tbody>
<tr>
<td>Class I</td>
<td>Meta-analysis or systematic review</td>
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<tr>
<td>Class II</td>
<td>Well-designed controlled clinical trial or experimental study</td>
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<td>Class III</td>
<td>Well-designed observational or epidemiologic study</td>
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<td>Class IV</td>
<td>Evidence-based guideline</td>
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<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

A meta-analysis is an analysis of data pooled from multiple trials. A systematic review is a qualitative means of summarizing multiple trials on the same intervention. Class I studies can show a statistically significant difference in support of an intervention when smaller studies could not. A meta-analysis or systematic review that finds insufficient evidence to support or refute an intervention (due to a lack of properly designed trials) is inconclusive. A potential weakness of Class I studies is that they may only assess published studies. Since studies demonstrating significant differences are more likely to be published than those that do not, publication bias is of concern.

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. A 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.

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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American Association of Clinical Endocrinologists (AACE) and the American College of Endocrinology (ACE). "AACE Clinical Practice Guidelines for the Diagnosis and Management of Thyroid Nodules." Endocrine Practice, 1996, 2(1): 78-94.
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American College of Radiology (ACR). ACR appropriateness criteria for pre-Irradiation evaluation and management of brain metastasis; 2005. (IV)
Barkhof et al. Comparison of MRI criteria at first presentation to predict conversion to clinically definite multiple sclerosis. Brain 1997. 120 ( Pt 11):2059-2069. (III)
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Clark et al. Recombinant tissue-type plasminogen activator (Alteplase) for ischemic stroke 3 to 5 hours after symptom onset. The ATLANTIS Study: a randomized controlled trial. Alteplase Thrombolyis for Acute Noninterventional Therapy in Ischemic Stroke. JAMA 1999. 282(21):2019-2026. (II)
Connelly and James. SIGN guideline for the management of patients with dementia. Int J Geriatr Psychiatry 2006. 21(1):14-16. (IV)
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**Friedman and Grosberg.** Diagnosis and management of the primary headache disorders in the emergency department setting. Emerg Med Clin North Am 2009. 27(1):71-87, viii. (V)

**Frohman et al.** The utility of MRI in suspected MS: report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. Neurology 2003. 61(5):602-611. (IV)


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Hoh et al. Results of a prospective protocol of computed tomographic angiography in place of catheter angiography as the only diagnostic and pretreatment planning study for cerebral aneurysms by a combined neurovascular team. Neurosurgery 2004. 54(6):1329-1340; discussion 1340-1322. (III)


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Knowlton. The role of FDG-PET, ictal SPECT, and MEG in the epilepsy surgery evaluation. Epilepsy Behav 2006. 8(1):91-101. (V)
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Sauvé, Jean-Stéphane, MD et al. "Does This Patient Have a Clinically Important Carotid Bruit?" JAMA, 1993, 270(23): 2843-2845.
Shneker and Fountain. Epilepsy. Dis Mon 2003. 49(7):426-478. (V)
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