



*I could prove to a patient that their backache is not structural with one sequence.*

# My MR study is bigger than your MR study

C. Douglas Phillips, MD, FACR

*Vices are sometimes only virtues carried to excess!*

—Charles Dickens

**O**K, how about a show of hands: Who is working harder than they used to? One, two, three ... OK, looks like a majority. Volume comes in many flavors. If you get a new referring physician who sends interesting cases, sends them often, and values your opinions, that is good volume. If you double your OWN work, that's bad volume. Let's talk about bad volume.

When I started learning MR, a head MR study took about an hour. We did a sagittal T1, an axial PD and T2, a coronal PD and T2, and axial T1. Throw in time to shim, kick the head coil plug in, reboot the machine at least twice, get the patient in and off the scanner, there's your hour.

Then along came that pesky contrast.

Fortunately, someone figured out how to process the data faster; the sequences ran a little faster, and a head MR still took an hour. Fast forward. We have 3D sequences, ultrahigh gradients, processing power to answer the question of life, the universe and

everything, and still we have patients on the scanner for around 45 minutes.

Why?

You know why.

Let's call it sequence creep.

I think I could answer 95 percent of the questions the ED folks have with one sequence. I could prove to a patient that their backache is not structural with one sequence. I can show you the carotid and vertebral circulation with one sequence. But, NOOOOOO. Redundancy, reiteration, duplication and excess. I am not arguing that sometimes you need nice pictures, maybe even lots of them. But this routine search-and-destroy, give-me-15-sequences thing has to end.

Let's go to the good book. The CPT book, that is. How many sequences does it say you have to do to call it a head MR and be paid for it? Hmmm. It doesn't. How much flatter does that thing get after you keep running over it? Not much. We all have colleagues who insist on 20 sequences. Let's find them new jobs. In deference to the ACR and in the spirit of "cool names will equal wide acceptance," here's to my new campaign — Image Briefly.

Keep doing that good thing. Mahalo

**Dr. Phillips** is a Professor of Radiology, Director of Head and Neck Imaging, at Weill Cornell Medical College, New York-Presbyterian Hospital, New York, NY. He is a member of the Applied Radiology Editorial Advisory Board.