



Guide on Imaging Patients With Back Pain

The early management of persistent low back pain (pain present for more than 6 weeks and less than 1 year), can prevent long term disability. Non-specific low back pain can be associated with abnormalities of the structures in the back such as joints, discs, muscles, tendons or ligaments. The treatment options for patients with back pain are described in the NICE guidelines (<http://guidance.nice.org.uk/CG88>)

The use of X-Rays and MRI can be useful, but only under specific circumstances.

X-Ray

For patients with low back pain where there is an underlying spinal condition an X-Ray may be useful. The underlying conditions are:

- Known osteoporosis
- Kyphosis, scoliosis or congenital abnormality
- Ankylosing spondylitis or spondylolisthesis
- Osteomyelitis or osteomalacia
- Rheumatoid arthritis
- Paget's disease
- Suspected metastatic cancer
- Trauma, fracture or dislocation.

An X-Ray should not be used to help manage patients' expectations. Our radiographers are not permitted to proceed with an X-Ray in the absence of appropriate clinical signs and symptoms, which must be clearly described on the referral form.

In acute back pain an X-Ray cannot provide any useful information and if normal might be falsely reassuring.

MRI

- NICE recommend that an MRI scan might be useful for non specific low back pain within the context of a referral for a specialist opinion on spinal fusion.
- An MRI can be useful in confirming a diagnosis of spinal malignancy, infection, fracture, cauda equina syndrome, ankylosing spondylitis or other inflammatory disorders.
- For patients with back pain and where there is a concern about nerve root disease because of neurological symptoms such as leg pain, numbness or paraesthesiae, abnormal gait or absent reflexes, an MRI should be requested.

Always describe the clinical findings on the referral form so we can confirm that requested imaging is appropriate. Occasionally our triage team will phone you to suggest a more appropriate test for your patient with back pain. This is to ensure that every patient has the test most likely to result in a correct diagnosis of the cause of pain.

London NHS Diagnostic Service

Management Recommendations

NICE guidelines recommend the following:

Information and Education

- Offer educational advice that includes information on the benign nature of non-specific low back pain and will be reassuring to the patient.
- Encourage the person to be physically active and continue with normal activities as far as possible.
- Take into account the person's expectations and preferences but do not use their expectations and preferences to predict their response to treatments.

Therapies for low back pain

Offer one of the following treatment options, taking into account the patient's preferences:

- An exercise programme.
- A course of manual therapy.
- A course of acupuncture.

There is also a role for

- Combined physical & psychological treatment programmes.
- Drug treatments e.g. NSAIDS & opiates.
- Surgery such as spinal fusion.

Additional Information

- Royal College of Radiologists (Making the best use of clinical radiology services – referral guidelines)
<http://www.rcr.ac.uk/content.aspx?PageID=995>
- NICE guidelines on persistent low back pain
<http://guidance.nice.org.uk/CG88>

Sources: BMJ 2009; 338: b1805. Early management of persistent non-specific low back pain: summary of NICE guidance. Pauline Savigny, Paul Watson, Martin Underwood on behalf of the Guideline Development Guide.



For further information please call **0844 581 0301**
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