

Summary Guidance for Imaging & Management of Low Back Pain

LBP with red flags	No red flags – <u>No</u> Primary Care MRI	
<p>Suspected Cauda Equina send to A&E</p> <p>Must Refer for urgent MRI if</p> <p>Neurological (MOTOR) deficit Ask for MRI urgently Consider simultaneous urgent referral to Pain Management Service as per Acute Motor Loss Pathway</p> <p>Or</p> <p>If suspected spinal malignancy; fracture; trauma with known osteoporosis; inflammatory disorder e.g. ankylosing spondylitis (Unexplained weight loss Abnormal bloods e.g. ESR > 50). Depending on results consider which speciality to refer to</p>	<p>> 6 weeks history</p> <p>Conservative management/Physio not helped Use STarTBack tool to assess level of risk</p>	<p>< 6 week history</p> <p>Analgesia Refer to local Physiotherapy Service</p>
	<p>STarTBack tool: Low/Medium risk Low psychosocial element</p> <p>Refer to Physio/MSK</p>	<p>Without clinical suspicion of underlying serious spinal disease, spinal imaging is not recommended as it is unlikely to change diagnosis, management or outcome for people with back pain.</p> <p>Use STarTBack tool to assess level of risk as this has been shown to</p> <ul style="list-style-type: none"> • Significantly decrease disability from back pain • Reduce time off work • Save money by making better use of health resources
	<p>STarTBack tool: High Risk Severe Pain High psychosocial element</p> <p>Consider Refer to Pain Management Service who can provide expert advice on the merits of imaging, surgery/other treatments such as injection, analgesia & pain management</p>	
<p>Royal College of Radiologists iRefer Guidelines https://www.irefer.org.uk/</p>		
<p>MRI is the imaging investigation of choice</p> <p>It is indicated immediately in patients with acute neurological features and urgently in those with suspected malignancy or infection</p> <p>Patients need to be able to reliably answer safety questions prior to MRI (about metal foreign bodies and implants etc). If their cognition is impaired and they may not be able to do this extra time is allowed for plain film testing first</p>	<p>MRI is not indicated in most circumstances</p> <p>For patients with non-specific back pain (no radicular symptoms or red flags), MRI does not help clinical outcome.</p>	<p>MRI is not indicated in most circumstances</p> <p>MRI usually only undertaken if clinician can provide sound reasoning or radiologist believes will further diagnosis and management</p>

This summary is based on [RCR iRefer](#) guidelines and the NICE endorsed [National Back Pain Pathway](#) and was developed by the following colleagues: Annette Wardman, Commissioning Manager; Greg Quinn, Consultant MSK Lead; Kevin Wilson, AHP Senior Manager; Philippa Armstrong, Pain Management Consultant; David King, Consultant MSK Radiologist; Shaun O'Connell, GP; Peter Billingsley, GP. The work was started as part of the STP 100 Day MSK Challenge.

Remember...

Referral to hospital for imaging medicalises what is a effectively a normal part of life and ageing

Imaging will be abnormal in the population in proportion to your age

Surgery has no role in degenerative back pain

The **Cauda Equina Syndrome (CES) UK Charity** will provide GPs with credit card size reminders of the symptoms that may be due to developing CES. Safety net with them.



Cauda Equina Syndrome – Red Flag Symptoms

- Saddle Anaesthesia:** A loss of feeling or numbness between the legs and/or back passage and/or genitals
- Bladder Disturbance:** Difficulty controlling urination, loss of sensation
- Bowel Disturbance:** Inability to control bowel movements, a loss of sensation and/or constipation
- Sexual Problems:** Inability to maintain erection or ejaculate, loss of sensation during intercourse
- Nerve Root Pain:** Combination of pain, numbness or weakness in back and legs and/or changing temperature sensations and/or spasms in the lower limbs