

MRI for Low Back Pain

You were seen in the emergency department (ED) today for low back pain.

Acute low back pain is the second most common reason for a physician visit and affects 80% to 85% of people over their lifetime. Most episodes of low back pain are not serious and resolve within weeks with conservative therapy.

There are many causes of low back pain. Most of the time, the pain is caused by conditions such as a muscle strain, inflammation or a bulging disc that cannot be identified on an X-ray or CT scan. Diagnostic imaging does not accurately identify the cause of most low back pain and therefore does not help guide therapy or improve the time to recovery.

Your provider today has determined that you are not exhibiting any of these worrisome symptoms or physical exam findings. The American College of Emergency Physicians, American College of Physicians, American Society of Anesthesiologists, and the American College of Radiology have all independently advised that acute imaging studies in patients with musculoskeletal low back pain are usually inappropriate and not necessary.

Your provider today has determined that you do not need an emergent MRI. This does not mean that you may not require an MRI as an outpatient in the future if your pain persists or if you develop additional neurologic symptoms.

It is extremely important for you to follow up with your outpatient provider for further examination and discussion regarding treatment and imaging, if necessary.

If you develop any of the following symptoms, return to the ED immediately for re-evaluation:

- Significant trauma or fall, especially if you are over age 65 or have osteoporosis
- Sudden, acute onset of urinary retention or incontinence
- Fecal incontinence
- Loss of sensation (anesthesia) restricted to the area of the buttocks, perineum and inner surfaces of the thighs
- Weakness in the lower limbs