

Saskatchewan Lumbar Spine MRI and CT Decision Making Tool and Checklist

Please complete the checklist for all adult (18+) outpatient lumbar spine requisitions and include this checklist with the requisition.

Patient's Information

First Name:	Last Name:	HSN:
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Please note that imaging tests like X-rays, CT scans and MRIs are not helpful for recovery or management of acute or recurring low back pain unless there are signs of serious pathology.

Indication	Investigation
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Red Flags

(Please immediately call radiologist if any of these symptoms are present)

<input type="checkbox"/> Neurological: diffuse motor/sensory loss, progressive neurological deficits, cauda equina syndrome (i.e. urinary incontinence, urinary retention)	Urgent MRI
<input type="checkbox"/> Infection: fever, IV drug use, steroid use, immune suppressed, osteomyelitis, discitis	MRI
<input type="checkbox"/> Tumour: hx of cancer, unexplained weight loss, significant unexpected night pain, severe fatigue, suspected cancer including metastasis	MRI

Mechanical Back Pain

(with symptoms persisting or worsening despite conservative management for at least 6 weeks)

<input type="checkbox"/> Low back pain for at least 6 months (Pattern 1 [Disc Pain] & 2 [Facet Joint Pain])	MRI
<input type="checkbox"/> Radiculopathy for at least 6 weeks (Pattern 3 [Compressed Nerve Pain])	MRI
<input type="checkbox"/> Spinal stenosis symptoms for at least 6 weeks (Pattern 4 [Neurogenic Claudication])	MRI

Suspected or Known Conditions

<input type="checkbox"/> Tumor of vertebra or bone (known malignancy with lumbar pain, follow-up primary or metastatic bone tumor, new or worsening pain at site, periodic assessment, new onset scoliosis or kyphosis)	MRI
<input type="checkbox"/> Intradural tumor (hyperreflexia, LE weakness, spasticity, bladder/bowel dysfunction, sensory loss, new onset scoliosis/kyphosis, spastic gait, radiculopathy, localized spine tenderness, pain, CSF positive for malignant cells – with or without history of cancer)	MRI
<input type="checkbox"/> Spinal cord lesion or possible cord compression	MRI
<input type="checkbox"/> Ankylosing spondylitis	MRI
<input type="checkbox"/> Arachnoiditis	MRI
<input type="checkbox"/> Spinal dysraphism (open or closed)	MRI
<input type="checkbox"/> Pre-procedure kyphoplasty	MRI
<input type="checkbox"/> Evaluation of scoliosis (preoperative assessment, any neurologic findings, atypical curve pattern, congenital scoliosis, neurofibromatosis, Marfan's syndrome)	MRI
<input type="checkbox"/> Post-operative collections (soft tissue or fluid)	MRI
<input type="checkbox"/> Treatment fields for radiation therapy	MRI
<input type="checkbox"/> Evaluation of prior lumbar surgery in terms of follow-up, type of surgery, and presence of hardware	MRI
<input type="checkbox"/> Evaluation of prior lumbar surgery in terms of hardware complications	CT
<input type="checkbox"/> Patient has abovementioned MRI indications, but lumbar spine MRI is contraindicated (e.g., claustrophobia, heart pacemaker, intracranial metal clips).	CT
<input type="checkbox"/> Fracture: trauma, osteoporosis risk/fragility fracture	CT
<input type="checkbox"/> Inflammation: chronic low back pain > 3 months, age of onset < 45, morning stiffness > 30 minutes, improves with exercise, disproportionate night pain	Imaging test pending on consultation

If there is other indication for ordering MRI or CT, please specify here:

What medical imaging test are you ordering?	<input type="checkbox"/> L-Spine MRI	<input type="checkbox"/> L-Spine CT
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Information useful for physicians to help patients manage their symptoms through conservative management is available at the Saskatchewan Spine Pathway (<http://spinepathwaysk.ca/>) and Choosing Wisely Canada (<https://choosingwiselycanada.org/>) websites.