

SP 5 Rationale

Acute low back pain is usually a self limited condition and improves with conservative treatment in 6 weeks. The American College of Radiology Appropriateness Criteria for low back pain (revised 2021) states that imaging may be considered in those patients who have had up to 6 weeks of medical management and physical therapy that resulted in little or no improvement in their back pain. [1] A meta-analysis by Chou et al found no clinically significant difference in patient outcomes between those who had immediate lumbar imaging versus usual care. [2] It should also be noted that there are risks associated with imaging including but not limited to radiation exposure and contrast complications. [3] Studies have also linked the increase rate of imaging with the increase rate of surgery and also found early magnetic resonance imaging (MRI) had an eightfold increased risk of surgery. [3, 4]

1. Patel ND, Broderick DF, Burns J, et. al. Expert Panel on Neurologic Imaging. ACR Appropriateness Criteria® : Low Back Pain. American College of Radiology (ACR); Date of Origin: 1996. Revised: 2021.
2. Chou R, Fu R, Carrino JA, et al. Imaging strategies for low-back pain: systematic review and meta-analysis. *Lancet*. 2009;373:463-472.
3. Shubha SV, Deyo RA, Berger ZD. Application of “Less is More” to Low Back Pain. *Arch Intern Med* 2012;172(13):1016-1020.
4. Webster BS, Cifuentes M. Relationship of early magnetic resonance imaging for work-related acute low back pain with disability and medical utilization outcomes. *J Occup Environ Med*. 2010;52:900-907.