

Evidence Discussion (SP 9.1)

A presumptive diagnosis of symptomatic lumbar stenosis can be made with the history and physical examination.² Imaging can help differentiate neurogenic claudication from vascular claudication. MRI or CT may confirm the presence of spinal stenosis. The American College of Radiology Appropriateness Criteria for low back pain (revised 2021) states MRI may be helpful when there is low back pain with radiculopathy or signs of spinal stenosis.¹ Bony findings can be seen better on CT and soft-tissue lesions are more detectable on MRI.¹ In patients with subacute or chronic low back pain with or without radiculopathy that is a surgical or intervention candidate with persisting symptoms after six weeks of conservative treatment, CT lumbar spine without IV contrast can also be used to assess facets and neural foramina and is equal to MRI for predicting significant spinal stenosis.¹ For those not responsive to conservative treatment surgery should be considered. A prospective cohort study evaluating patient outcomes two years after spine surgery for spinal stenosis showed patients had better outcomes than patients who did not have surgery.³

References

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.
<https://acsearch.acr.org/docs/69483/Narrative/>.
2. Katz JN, Harris MB. Clinical practice. Lumbar spinal stenosis. *N Engl J Med*. 2008;358:818-825.
3. Tosteson ANA, Lurie JD, Tosteson TD, et al. Surgical treatment of spinal stenosis with and without degenerative spondylolisthesis: cost-effectiveness after 2 years. *Ann Intern Med*. 2008;149(12):845-853.