Low Back Pain Radiology Guidelines

**Does your patient have low back pain that is suspicious for cauda equina (urinary retention, motor deficits at multiple levels, fecal incontinence, saddle anesthesia)?**

**YES**

**THIS IS AN EMERGENCY!** The patient should go to the emergency room, where they will likely be sent for an MRI

**NO**

**Does your patient have low back pain that is suspicious for spinal infection (fever, history of IV drug use, recent infection)?**

**YES**

**THIS IS AN EMERGENCY!** The patient should go to the emergency room, where they will likely be sent for an MRI

**NO**

**Does your patient have low back pain that is suspicious for malignancy?** (history of cancer with new onset of low-back pain, unexplained weight loss, age >50, multiple risk factors for cancer, strong suspicion of cancer)

**YES**

Imaging: refer for an x-ray of the lumbosacral spine (frontal and lateral). **This is not an emergency requiring an emergency room visit, but the x-ray should be completed ASAP**

**NO**

**Does your patient have low back pain that is suspicious for vertebral fracture?** (significant trauma, history of corticosteroid use, osteoporosis, older age [>65 for women, >75 for men])

**YES**

Refer for x-ray lumbosacral spine (frontal and lateral views). Note that this is a study for trauma (as opposed to views that would be protocol for neuropathy/degenerative changes)

**NO**

**Defer imaging until 1 month trial of treatment for nonspecific low back pain**