

## Lumbar Spine X-ray Indications and Spine Imaging Guidelines

### LUMBAR SPINE X-RAY (AP AND LAT VIEWS) INDICATIONS as defined by ICSI CRITERIA

Generally AP and LAT x-rays are NOT useful in the *acute* setting but may be warranted when:

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| <ul style="list-style-type: none"> <li>• Over 50 years old (increased risk of malignancy, compression fracture)</li> <li>• Pain at rest (increased incidence of clinically significant pathology)</li> <li>• History of cancer (r/o metastatic disease)</li> </ul> | <ul style="list-style-type: none"> <li>• Fever above 38° C or 100.4° F</li> <li>• Neuromotor deficit</li> <li>• Serious accident or injury (fall from heights, blunt trauma, motor vehicle accident – does NOT include twisting or lifting injury unless other risk factors, i.e., history of osteoporosis)</li> </ul> | <ul style="list-style-type: none"> <li>• Failure to respond to 4-6 weeks of conservative therapy</li> <li>• Drug or alcohol abuse (increased incidence of osteomyelitis, trauma, fracture)</li> <li>• Clinical suspicion of ankylosing spondylitis</li> </ul> |
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### SPINE IMAGING GUIDELINE as defined by MN STATE TREATMENT PARAMETERS

**1. How will this imaging change the patient's treatment:**

**2. Low Back Class** Imaging Procedure: CT \_\_\_\_\_ MRI \_\_\_\_\_ Contrast \_\_\_\_\_

- I \_\_\_\_\_ Regional low back pain for greater than 8 weeks, continued symptoms, not working regular duty.
- II \_\_\_\_\_ Persistent radicular leg pain below knee level with or without low back pain. Greater than 8 weeks conservative care without relief.
- III \_\_\_\_\_ Low back pain with progressive neurologic deficit, includes progressive motor loss, new loss of reflex, sensation, bowel/bladder or erectile function, or cauda equina syndrome.
- IV \_\_\_\_\_ Other lesion suspected. Type of lesion and rationale for suspecting: \_\_\_\_\_

**3. Neck Class** Imaging Procedure: CT \_\_\_\_\_ MRI \_\_\_\_\_ Contrast \_\_\_\_\_

- I \_\_\_\_\_ Regional neck pain greater than 8 weeks, continued symptoms; not working regular duty.
- II \_\_\_\_\_ Radicular upper extremity pain with or without regional neck pain, greater than 8 weeks conservative care without relief.
- III \_\_\_\_\_ Regional neck pain with progressive neurologic deficit, includes: progressive motor loss, new loss of reflex or anatomic radicular sensory loss, signs of progressive myelopathy.
- IV \_\_\_\_\_ Other lesion suspected. Type of lesion and rationale for suspecting: \_\_\_\_\_

**4. Thoracic Class** Imaging Procedure: CT \_\_\_\_\_ MRI \_\_\_\_\_ Contrast \_\_\_\_\_

- I \_\_\_\_\_ Regional thoracic pain greater than 8 weeks, continued symptoms ; not working regular duty.
- II \_\_\_\_\_ Regional thoracic pain with progressive neurologic.
- III \_\_\_\_\_ Other lesion suspected. Type of lesion and rationale for suspecting: \_\_\_\_\_

### PHASE I, II, III DEFINITIONS as defined by AMC ADULT SPINE GUIDELINES

- 1) The patient has imaging scheduled/referred/appointment in 6 weeks following spine care diagnosis/treatment (includes Plain Spine, MRI, CT or Mylogram).
- 2) The patients in Question 1 that received imaging in the first 6 weeks following onset, met the ICSI or Work Comp criteria?
- 3) The patient received spine care patient education brochures and/or exercise sheets? (i.e. spine care, spine care exercises, or both brochures)
- 4) Phase II patients have physical therapy (PT), Chiropractic (CH) or Massage Therapy (MS) scheduled / referred / appointment at spine care visit. Visits actually attended?
- 5) Phase III patients referred to spine surgeon, intensive rehab or injection therapy or other at spine care visit.
- 6) The patient was prescribed generic medication (ASA, APAP, Motrin, Naproxen, Sulindak [Clinioril], Cyclobenzeprene [Flexeril]) or other.