



Patient Label Here or complete all information below	
Last Name	First Name
Birthdate (yyyy/mmm/ dd)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
PHIN	Daytime phone

## LUMBAR SPINE IMAGING SCREENING TOOL

The following information is required in order to process your request for lumbar spine imaging

Patient Seen Date: Patient Age:	<b>Referring Physician:</b> (Print first and last name)
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### PHYSICIAN INFORMATION

*\*\*The purpose of an MRI for low back pain is to look for suspected disc herniation, nerve compression or to rule out metastatic disease. The most common cause of low back pain is mechanical and will resolve itself within 12 weeks.\*\**

**Symptoms**     **Back Dominant Pain** (Pain above gluteal fold and below the T12 rib)  
 **Leg Dominant Pain**, Sensory Radiculopathy (*Below gluteal fold, specific root distribution & Radiation below the knee*)  
**Other:** \_\_\_\_\_  
**Suspected Diagnosis:** \_\_\_\_\_  
**If suspected disc herniation or spinal stenosis**, are symptoms severe enough that surgery would be considered?     Yes     No  
 If no, what is the goal of imaging? \_\_\_\_\_

### ELIGIBILITY INFORMATION

- Yes    MRI was recommended on a previous imaging report
- Yes    Previous back surgery?
- Yes    Pending or anticipated back surgery?

**Are any “Red Flags” present? (MRI is indicated if one or more of these are present)**

- Yes    Objective Motor Weakness in Lower Extremity on Examination
- Yes    **Typical Neurogenic Claudication** (*Bilateral buttock and posterior thigh pain aggravated by walking or standing, relieved by sitting*)
- Yes    **Cauda equina syndrome** (sudden or progressive onset of new urinary retention, fecal incontinence, saddle or perianal anesthesia, loss of voluntary rectal sphincter contraction)
- Yes    Unexplained weight loss, fever, immunosuppression
- Yes    History of cancer
- Yes    Prolonged use of corticosteroids or illicit IV drugs
- Yes    Progressive neurologic deficit on examination and disabling symptoms
- Yes    Significant acute traumatic event immediately preceding onset of symptoms
- Yes    Severe, worsening of pain at night and when laying down
- Yes    Age over 65 with first episode of severe back pain
- Yes    Pain lasting longer than 12 weeks

**If there are no items checked “YES”, lower back MRI/ CT is not recommended and not likely to identify the cause of pain.**

Discuss options for allied health interventions/ provide patient information sheet