

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

LUMBAR SPINE MRI SCREENING TOOL

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

Patient Seen Date: Patient Age:	Referring Clinician: (Print first and last name)
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CLINICIAN 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 is not recommended and not likely to identify the cause of pain.

Discuss appropriate options- physiotherapy/massage therapy, provide patient information sheet