BestMSK Spinal MRI: Clinician Advice

I'll just send you for a scan!

- Most back or radicular pain settles within 3 months. Early unwarranted MRI scans are associated with higher intervention rates and worse outcomes.
- MRIs give an accurate picture of spinal anatomy which can help plan treatment in suspected serious conditions such as cauda equina syndrome, cancer, fractures, and infections.
- They cannot tell how someone feels and are not a diagnosis.
- MRI is rarely indicated for back or neck pain and should only be organised after assessment by a spinal practitioner.
- Spinal MRI findings always need to be interpreted in the context of a clinical assessment.
- Findings described in MRI reports are very common in people with NO PAIN, such as disc degeneration (91%), disc bulges (64%), disc protrusion (32%), annular tear (38%)[1]. These findings increase with age and can be signs of a naturally maturing spine.

- Nine out of ten people with NO neck pain have disc bulges on MRI and most people in their 20s have bulging discs[2].
- There is good evidence to suggest that unwarranted MRI scans are detrimental to patient wellbeing and lead to poorer outcomes[3].

Please follow BestMSKHealth pathways for management of patients presenting with neck, back and/or radicular pain: https://future.nhs.uk/NationalMSKHealth/view?objectId=30917712

References:

1. Jarvik JJ, Hollingworth W, Heagerty P, Haynor DR, Deyo RA. The Longitudinal Assessment of Imaging and Disability of the Back (LAIDBack) Study: baseline data. Spine (Phila Pa 1976). 2001 May 15;26(10):1158-66.
2. Nakashima H, Yukawa Y, Suda K, Yamagata M, Ueta T, Kato F. Abnormal findings on magnetic resonance images of the cervical spines in 1211 asymptomatic subjects. Spine (Phila Pa 1976). 2015 Mar 15;40(6):392-8
3. Sajid IM, Parkunan A, Frost K. Unintended consequences: quantifying the benefits, iatrogenic harms and downstream cascade costs of musculoskeletal MRI in UK primary care BMJ Open Quality 2021;10:e001287.

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