

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 discs².
- There is good evidence to suggest that unwarranted MRI scans are detrimental to patient wellbeing and lead to poorer outcomes³.

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.

