



MRI Referral Decision Support Checklist — Low Back Pain in Adults

IMPORTANT: Please include this checklist with all MRI referrals for patients with low back pain when sending to Central Intake. This information is required to process your request and to avoid delays in scheduling appointments.

Patient Information			
Last name		First name, Middle initial	
Date of Birth			Health Card Number
DD	MM	YYYY	

MRI for Low Back Pain - Guideline for Adults

Studies have shown that MRI for low back pain is not a useful test (does not change the management or outcomes for patients) unless there are specific symptoms or signs that suggest a serious cause for the pain.

To proceed with a referral for MRI of the lumbar spine, and to help triage your request, please check all those that apply:

- | | |
|---|--|
| <input type="checkbox"/> Suspected or known cancer | <input type="checkbox"/> Severe or progressive neurologic deficits |
| <input type="checkbox"/> Suspected or known infection | <input type="checkbox"/> Inflammatory process |
| <input type="checkbox"/> Suspected or known fracture | <input type="checkbox"/> Ankylosing spondylitis |
| <input type="checkbox"/> Radicular syndrome | <input type="checkbox"/> Cauda equina syndrome |
| <input type="checkbox"/> Previous lumbar spine surgery
Date and location: | <input type="checkbox"/> Scheduled lumbar spine surgery:
Date and location: |
| <input type="checkbox"/> MRI recommended on a previous imaging report (please include report with the referral) | |

Please note: X-ray is typically recommended as an initial imaging study for patients with chronic uncomplicated low back pain who have experienced low velocity trauma, have osteoporosis, are chronic steroid users, or for older individuals. MRI and CT are not typically indicated for patients with back dominant pain (pain above the gluteal fold and below the T12 rib).