

Patient Label Here or complete all information below	
Last Name	First Name
Birthdate (yyyy/mmm/ dd)	Sex
	■ Male
	□ Female
PHIN	Daytme phone

## **LUMBAR SPINE MRI SCREENING TOOL**

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

1116 101	lowing information is required in order to process your request for with furtibal spine imaging	
	Patient Seen Date: Referring Clinician: Patient Age: (Print first and last name)	
Patient Age:	, ,	
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	<ul> <li>□ Back Dominant Pain: Pain above gluteal fold and below the T12 rib</li> <li>□ Leg Dominant Pain: Sensory Radiculopathy (Below gluteal fold, specific root distribution &amp; Radiation below the knee)</li> </ul>	
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	S Objective Motor Weakness in Lower Extremity on Examination	
☐ Yes	es <b>Typical Neurogenic Claudication</b> (Bilateral buttock and posterior thigh pain aggravated by walking or standing, relieved by sitting)	
☐ Yes	<b>Cauda equina syndrome</b> (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 <u>not</u> recommended and <u>not likely to</u> <u>identify the cause of pain</u> .  Discuss appropriate options- physiotherapy/massage therapy, provide patient information sheet		

Shared health Soins communs

Page 1 of 1 F130-80-04 V01