



For use in General Practice

GP Access - MRI Lumbar Spine
Pathway

Referrals via **E Referral**

GP Access - MRI Lumbar Spine Pathway

Indications

*Radiculopathy (pain radiating below the knee)
Persisting for greater than 6 weeks
Failed 6 weeks of conservative therapy*

Referral

*E-referral for MRI lumbar spine with completed MRI
safety questions
Laterality and dermatomal distribution of symptoms
stated*

Exclusions

*Cauda Equina → Emergency Department
Red flags → Red Flag Referral Office
MRI contraindicated*

Method of Referral

- Routine e-referral with completed MRI safety questions
 - Waiting time as per current routine radiology examination
 - Queries regarding a request or safety questions can be emailed to the MRI department (mri.cah@southerntrust.hscni.net)
 - All referrals will be vetted by a Consultant Radiologist

- Laterality and dermatomal distribution of symptoms must be stated

Criteria for Referral

- Radiculopathy (pain radiating below the knee)
- Persisting for greater than 6 weeks
- Failed conservative medical therapy, including
 - Analgesics
 - Physiotherapy
 - Antineuropathics

Exclusions

- Suspected acute cauda equina syndrome or spinal cord compression
 - Incontinence
 - Neurological gait disturbance
 - Saddle anaesthesia
 - Immediate Emergency Department referral

- Low back pain with adverse (red flag) symptoms
 - Progressive motor loss or widespread neurological deficit
 - Sphincter or gait disturbance
 - Saddle anaesthesia
 - Previous carcinoma, systemically unwell, weight loss, HIV, IV drug abuse
 - Potential malignancy or discitis
 - Red Flag Referral Service

- Suspected osteoporotic fracture

- Radiographs
- Suspected inflammatory spondyloarthropathy
 - Morning stiffness
 - Other joints affected
 - History of iritis
 - Rheumatology referral
- Low back pain in the absence of neurology or red flags
 - Consider Orthopaedic ICATS referral

Contraindications

- MRI contra indicated as per safety questionnaire
- Weight > 250kg or girth > 200cm
 - MRI table and bore limits

Report

- Report will be available within 28 days of examination
- Urgent findings will be communicated by telephone
 - A contact number is required on the referral
- Clinical radiological correlation is important as a significant number of disc herniations demonstrated on MRI are asymptomatic
- It is the referring physician's responsibility to follow up reports and implement management
- Queries about reports can be emailed to the reporting radiologist

Appendices

1. MRI safety summary
2. MRI safety questionnaire
3. Contact email addresses
4. Red flags

References

1. iRefer, www.irefer.org.uk, Royal College of Radiologists
2. Low back pain: Early management of persistent non-specific low back pain. NICE. 2012. <http://www.nice.org.uk/guidance/cg88>
3. ACR Appropriateness Criteria. American College of Radiology. Low Back Pain. June 2012.
4. Magnetic resonance imaging of the lumbar spine: direct access for general practitioners. Chawda SJ, Watura R, Lloyd DC. Br J Gen Pract. 1997 Sep; 47(422):575-6.
5. Musculoskeletal imaging for GPs. Arthritis Research UK. Spratt J. Issue 3 (Hands On Series 7) Summer 2013.