

The Clinical Practice Guideline for Diagnosis and Treatment of Low Back Pain

This patient education resource was prepared by VA and DoD experts in support of the VA/DoD Clinical Practice Guideline for Diagnosis and Treatment of Low Back Pain (2017).

The Clinical Practice Guideline for Diagnosis and Treatment of Low Back Pain includes objective, evidence-based information on the diagnosis and management of acute and chronic low back pain. The goal of this guideline is to improve the patient's health and well-being by providing evidence-based guidance to health care providers who diagnose and treat patients with low back pain, and providing patients with self-treatment options to manage their own back pain, when appropriate. The guideline recommendations were developed with input from DoD and VA patients, veterans, and subject matter experts.

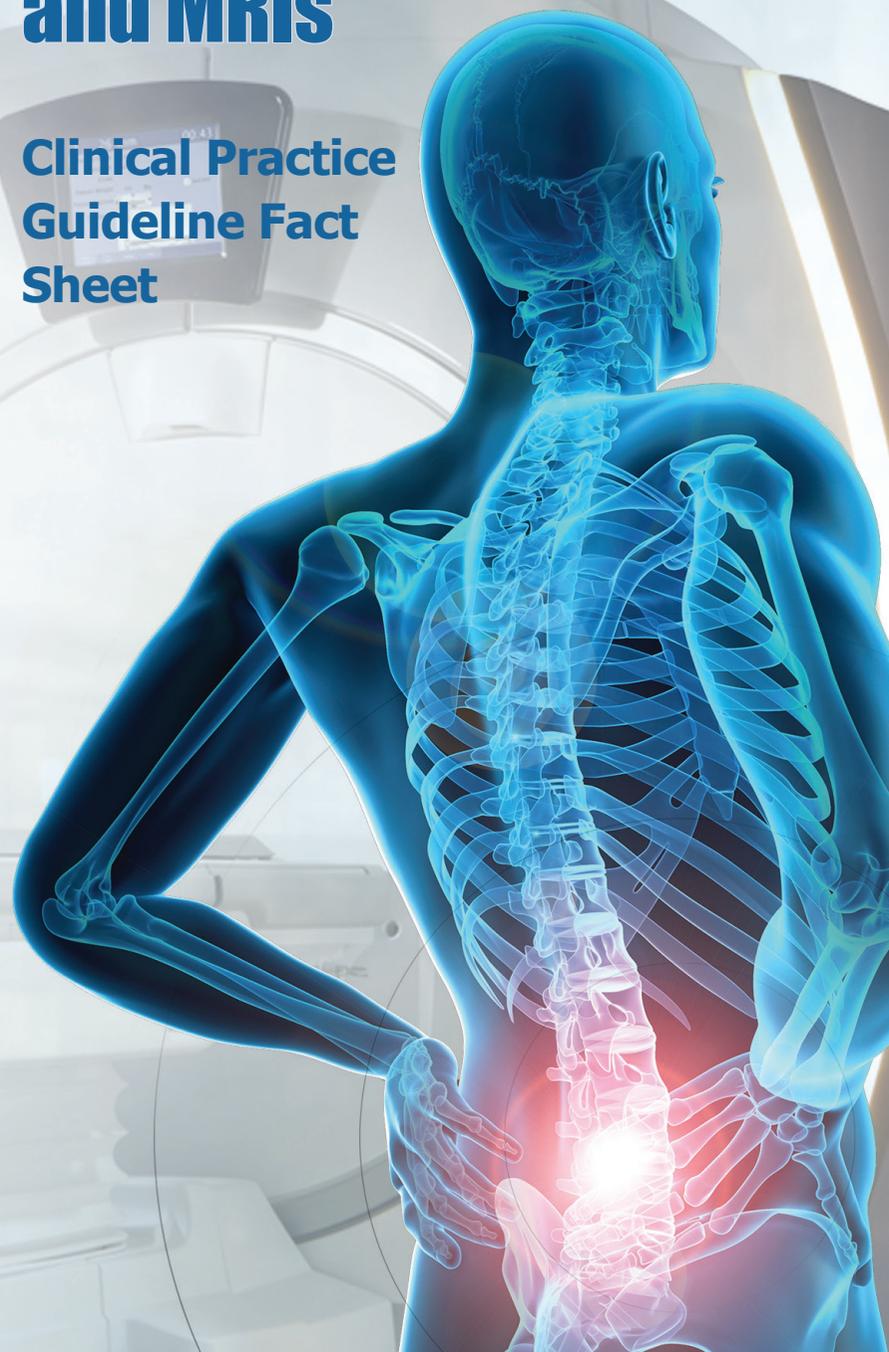
For additional information, visit:

- <https://www.healthquality.va.gov/guidelines/Pain/lbp>
- <https://QMO.amedd.army.mil>
- Using a QR Code reader on your smartphone or mobile device, scan this code to read the Patient Summary of the VA/DoD Clinical Practice Guideline for Diagnosis and Treatment of Low Back Pain.



Questions and Answers About Low Back Pain and MRIs

Clinical Practice Guideline Fact Sheet



What is Magnetic Resonance Imaging (MRI)?

Magnetic Resonance Imaging (MRI) is an advanced imaging technology that uses a powerful magnetic field and radio frequency pulses to create cross-sectional images of the body. MRIs can show soft tissue and bone injuries that may not be visible on traditional x-ray.

1 **Must I have an MRI to diagnose my low back pain?**

Answer: No.

Most low back pain can be diagnosed by a focused history and physical examination. An MRI is needed only when a serious underlying condition is suspected, or there are worsening or persistent neurological symptoms. Your provider will determine if an MRI will be beneficial to the management of your back pain.

2 **Will an MRI tell me what is causing my low back pain?**

Answer: No.

“Positive” findings on an MRI are extremely common, particularly as we advance through life. It has been well established that many people without back pain have “positive” findings on an MRI. Simply having a “disc herniation” or “degenerative disc” on an MRI does not mean that it is causing you pain. Your provider can determine through a history and physical examination whether an MRI is needed, or if an MRI finding is contributing to your symptoms.

3 **Do I need an MRI before starting physical therapy?**

Answer: No.

Physical therapy is generally safe and recommended for the treatment of low back pain. If your health care provider has initiated physical therapy, then he or she has already determined that physical therapy is safe and should be part of your treatment plan. It is common to experience some discomfort with physical therapy; however, if you have concerns about increased pain, you should discuss them with your therapy team.

4 **Are there risks to having an MRI?**

Answer: Yes.

There are a few risks to having an MRI. Some metal implants and shrapnel may be moved by the strong magnetic field. Additionally, MRI is generally avoided in the first 12 weeks of pregnancy. Alert your provider if you have any metal in your body or if you are or might be pregnant. Your provider and the radiologist will decide if an MRI is safe.

5 **I have a history of claustrophobia. Can I still have an MRI?**

Answer: Yes.

If you have concerns about increased anxiety or symptoms of claustrophobia (fear of being in a closed or narrow space) during your MRI, tell your provider before your MRI appointment; they can determine the best plan for you. Also, let the health care team at the hospital or imaging center know about your anxiety. The MRI team is specially trained to assist patients in managing symptoms of claustrophobia or feelings of anxiety associated with confined and narrow spaces.