Definitions:

Acute back pain is pain lasting less than 6 weeks, subacute back pain 6-12 weeks, chronic low back pain >12 weeks

Initial imaging: the imaging evaluation performed at the beginning of the care episode for the medical condition with onset on the reported date of injury regardless of the duration of pain symptoms

Subp. 1. Initial imaging within the first six weeks of the care episode

A. Red flags requiring urgent or emergent imaging of low back pain are defined as follows:
   1. Symptoms and signs of cauda equina syndrome, including bowel/bladder dysfunction (urinary retention, loss of anal sphincter tone, fecal incontinence) and/or saddle anesthesia
   2. Progressive neurologic deficit
   3. High-velocity or significant blunt trauma
   4. History of cancer, unexplained weight loss, immunosuppression, urinary infection, or history of IV drug use

B. Imaging modalities indicated for the initial imaging of patients with red flags as defined in paragraph A are as follows:
   1. MRI lumbar spine without IV contrast
   2. MRI lumbar spine with and without IV contrast, when there is clinical suspicion of tumor, infection, or inflammation
   3. CT lumbar spine without IV contrast, when fracture is suspected
   4. CT myelography of the lumbar spine

C. For patients with a history of prior lumbar surgery (scar tissue may be present), with or without radiculopathy, with new or progressing symptoms, performing one of the following initial imaging modalities is indicated:
   1. MRI lumbar spine without and with IV contrast or MRI lumbar spine without IV contrast as clinically indicated
   2. CT lumbar spine without IV contrast
      a. for patients who cannot undergo MRI
      b. for preoperative planning
   3. CT myelography of the lumbar spine
      a. in the setting where MRI is not available
      b. when there are absolute or relative contraindications to performing an MRI
      c. when anatomy is distorted secondary to significant artifact from metallic surgical hardware on MRI

D. For patients with subacute persistent or progressive symptoms, including increasing radicular pain, lower extremity numbness, during the period of 6 weeks of optimal conservative management, without a history of prior lumbar surgery, performing one of the following imaging modalities is indicated:
   1. MRI lumbar spine without IV contrast or MRI lumbar spine with and without IV contrast as clinically indicated
   2. CT lumbar spine without IV contrast
3. CT myelography of the lumbar spine, in the setting where MRI is not available or there are absolute or relative contraindications to performing an MRI

E. When a spinal fracture has been detected on radiography, performing one of the following imaging modalities is indicated for additional evaluation:
   1. CT lumbar spine without IV contrast
   2. MRI lumbar spine without IV contrast
   3. CT myelography of the lumbar spine, in the setting where MRI is not available or there are absolute or relative contraindications to performing an MRI

Subp. 2. Initial imaging for acute, subacute, or chronic low back pain, with or without radiculopathy, without red flags, and without a history of prior lumbar surgery

   A. With no prior management for this care episode, imaging is not indicated.
   B. For patients with subacute persistent or progressive symptoms, including increasing radicular pain, lower extremity numbness, following 6 weeks of optimal conservative management, without a history of prior lumbar surgery, performing one of the following imaging modalities is indicated:
      1. MRI lumbar spine without IV contrast or MRI lumbar spine with and without IV contrast as clinically indicated
      2. CT lumbar spine without IV contrast
      3. CT myelography of the lumbar spine, in the setting where MRI is not available or there are absolute or relative contraindications to performing an MRI

Subp. 3. Radiography

   A. Anterior-posterior (AP) and lateral X-rays of the lumbosacral spine are limited by subitems (1) and (2).
      1. They are indicated in the following circumstances:
         a. when there is a history of significant acute trauma as the precipitating event of the patient's condition, and fracture, dislocation, or fracture dislocation is suspected
         b. when there is low-velocity trauma to the spine
         c. when there is a history of osteoporosis or chronic corticosteroid use
         d. when age is greater than 65 years at the time of injury
         e. when the history, signs, symptoms, or laboratory studies indicate possible tumor, infection, or inflammatory lesion
         f. for postoperative follow-up of lumbar fusion surgery
         g. before beginning a course of treatment with spinal adjustment or manipulation
         h. complementary to MRI or CT when subacute persistent or progressive symptoms are present, including increasing radicular pain, lower extremity numbness, during the period of 6 weeks of optimal conservative management, without a history of prior lumbar surgery
         i. 6 weeks after an injury if the patient continues with symptoms and physical findings after the course of initial nonsurgical care and if the patient's condition prevents the resumption of the regular activities of daily life including regular vocational activities.
2. They are not indicated in the following circumstances:
   a. to verify progress during initial nonsurgical treatment; or
   b. to evaluate a successful initial nonsurgical treatment program.

B. Oblique X-rays of the lumbosacral spine are limited by subitems (1) and (2).
   1. They are indicated in the following circumstances:
      a. to follow up on abnormalities detected on anterior-posterior or lateral X-ray;  
      b. for postoperative follow-up of lumbar fusion surgery; or
      c. to follow up spondyloysis or spondylolisthesis not adequately diagnosed by
         other indicated imaging procedures.
   2. They are not indicated as part of a package of X-rays including anterior-posterior and
      lateral X-rays of the lumbosacral spine.

Subp. 4. The following imaging modalities are not indicated for diagnosis of low back conditions:

   A. Discography and post-discography CT lumbar spine
   B. Thermography
   C. Diagnostic ultrasound
   D. MRI Lumbar spine with IV contrast (independent of a study without IV contrast)
   E. CT Lumbar spine with and without IV contrast