Guidelines for General Practitioners requesting MRI lumbar spine Investigation
Introduction

In order to meet the 18 week referral to treatment guideline targets and to improve the patient journey, for specific patients with sciatica or spinal stenosis, NHS Fife is opening direct access to MRI. The purpose of the system is the pick out those patients who would benefit from an early MRI scan, to expedite neurosurgical referral.

Aim: To ensure MRIs are requested in line with clinical signs and symptoms for the benefit of the patient.

Scope of guidelines: These guidelines apply to all general practitioners employed by the NHS in Fife.

Patients covered: Patients with sciatic type pain seen within in General Practice.

General considerations

Only 1% of patients with back pain require referral for imaging.

Referral for Lumbar spine MRI is only indicated for severe or progressive neurological symptoms in patients over 16 years.

N.B. MRI is of no benefit to patients with mechanical back pain, lumbosacral, buttock, or thigh pain, in the age group 20-50 yrs of age.

Referral criteria for MRI Referral for Lumbar spine

The patient must have the following signs and symptoms for direct access to MRI.

1) sciatica with all of the following:
   - pain radiation below the knee (it is helpful to know the distribution of pain or parasthesia)
   - definite positive straight leg raise (that reproduces the patient’s leg symptoms)
   - duration >6 weeks

2) sciatica with motor deficit (not isolated ankle jerk loss) - urgent referral to orthopaedics and MRI simultaneously

3) spinal claudication with all of the following:
   - pain, weakness or numbness in both legs present only on walking which is eased by bending forward or sitting.
   - normal peripheral vasculature
   - duration >6 weeks

Clinical conditions excluded from pathway:
Management of acute cauda equine syndrome
Patients should be managed as an emergency via the spinal compression pathway and referred directly to the acute medical receiving unit, which will arrange imaging directly with the radiology department.

All other patients who have symptoms or signs out with the guidelines will require referral to the orthopaedic or physiotherapy department in the normal manner.
Contraindications for MRI

The following general contraindications should be considered before requesting an MRI scan.

- Patients who have a heart pacemaker or replacement valves or cardiac stents
- Patients who have internal hearing devices
- Patients who have a neuro-stimulator or programmable intra-cerebral shunt
- Patients who have a metallic foreign body in their eye or who have an aneurysm clip in their brain
- First trimester pregnancy
- Patients with severe claustrophobia may not be able to tolerate an MRI scan
- Weight >190kg are too heavy for NHS Fife scanners

Process

1. If the patient satisfies the referral criteria then direct MRI is indicated. A short history and examination findings must be documented on the MRI request form, including details of how the patient fulfils the criteria.

2. The safety checklist requires to be filled out to ensure that the patient has no contraindications to scanning. If the request form or checklist fails to provide adequate information then the form will be sent back to the referring practitioner. Please include the patient’s weight as this information is required, even if it is within normal limits.

3. All MRI examinations will be reported by a Radiologist, and the report made available on Sci-Store. The radiologist will comment on whether the findings warrant orthopaedic referral or a neurosurgical opinion.

4. It is the responsibility of the general practitioner to follow up scan reports and implement management.