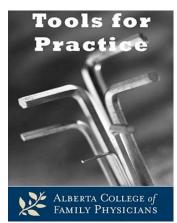
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Reviewed: July 13, 2016 Evidence Updated: No new evidence Bottom Line: No change First Published: January 4, 2010



X-rays for Non-specific Low Back Pain: A non-specific pain?

Clinical Question: In patients with lower back pain, do lumbar X-rays modify any patient outcome?

Bottom-line: In non-specific low back pain, X-rays do nothing to improve outcomes and may worsen some (such as pain).

## Evidence:

Meta-analysis, and a look at the best Randomized Controlled Trial (RCT).

- Meta-analysis: 1 six trials (1,804 patients); MRI/CT two trials and X-ray four trials. 0-44% had sciatica.
  - o Relatively good quality but lots of heterogeneity (except pain).
  - o Short- and long-term outcomes of pain, function, quality of life, mental health and patient satisfaction did not differ significantly.
    - Pain at three months borderline worse with X-ray (Standard Mean Difference 0.19, Confidence Interval -0.01 to 0.39)
- RCT,<sup>2</sup> UK, 421 general practice patients with low-back pain ≥6 weeks
  - o At three months statistically significant difference in:
    - Proportion of patients still in pain: 74% X-ray vs. 65%, Numbers Needed to Harm (NNH) 12.
    - Proportion of patients requiring follow-up doctor visit: 53% X-ray vs. 30%, NNH 5.
    - Self-rated health status: 5% worse in X-ray group.
- After six more months borderline but not statically significant.
- However, ≥80% of both groups want X-rays.
  - o Those with X-rays were more satisfied with the visit.
  - o X-rays findings did not correlate to clinical findings.

## Context:

- Early MRI and CT also do not improve outcomes.<sup>1</sup>
- A RCT comparing MRI directly to back X-ray also found no difference.<sup>3</sup>

- Three guidelines from Alberta,<sup>4</sup> Europe,<sup>5</sup> and US<sup>6,7</sup> all discourage routine back X-rays for non-specific low back pain.
- Non-specific low back pain is low back pain without recognizable or known specific pathology (e.g. infection, tumour, osteoporosis, ankylosing spondylitis, fracture, inflammatory process, radicular syndrome, or cauda equina syndrome).<sup>4-6</sup>
- These study results/recommendations do <u>not</u> apply to back pain with suspicion of specific pathology (such as progressive neurologic changes or infection).
  - o These patients warrant further investigation.

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## References:

- 1. Chou R, Fu R, Carrino JA, et al. Lancet 2009; 373: 463-72.
- 2. Kendrick D, Fielding K, Bentley E, et al. BMJ. 2001 Feb 17; 322: 400-5.
- 3. Jarvik JG, Hollingworth W, Martin B, et al. JAMA 2003; 289: 2810-8.
- 4. http://www.topalbertadoctors.org/cpgs/885801. Accessed 27-AUG-2013.
- 5. <a href="http://www.kovacs.org/descargas/EuropeanGuidelinesfortheManagementofAcute">http://www.kovacs.org/descargas/EuropeanGuidelinesfortheManagementofAcute</a> NonspecificLowBackPain(54paginas).pdf Accessed 27-AUG-2013.
- 6. Chou R, Qaseen A, Snow V, et al. Ann Intern Med. 2007; 147: 478-491.
- 7. Chou R, Qaseem A, Owens DK, et al. Ann Intern Med 2011;154:181-9.

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