

## Appendix

### Appendix A. CDS Tool for Low Back Pain

**MRI Spine Lumbar w/o Contrast**

**Primary Reason for Imaging:**

**Low Back Pain**

**Low Back Pain**

**Which of the Following are Present? \***

-- Select --

-- Select --

Low Velocity Trauma

Unexplained Weight Loss or Fever

Immunosuppression or Hx of Cancer

IV Drug Use

Osteoporosis or Prolonged Use of Corticosteroids

Focal Neurologic Deficit & Progressive/Disabling Symptoms

Duration of Pain > 6 Weeks

Surgery or Intervention Candidate

Previous Lumbar Surgery

Cauda Equina Syndrome

None of Above

**MRI Spine Lumbar w/o Contrast**

**Low Back Pain Which of the Following are Present? = Low Velocity Trauma**

Any Suggestions? Provide Feedback: Here

**Requested Procedure**

**MRI Spine Lumbar w/o Contrast**  
 Radiation Level: 0  
 MRI of the lumbar spine preferred over CT for further workup of complicated low back pain. Availability may be limited.

**Recommendations**

**XR Spine Lumbar Flexion + Extension**  
 Radiation Level: 3  
 DHS recommends plain film as the initial imaging study in this scenario. Further imaging may be indicated for treatment planning if findings are abnormal or inconclusive.

**MRI Spine Lumbar w/ + w/o Contrast**  
 Radiation Level: 0  
 MRI of the lumbar spine preferred over CT for further workup of complicated low back pain. Availability may be limited.