
Is Early Imaging for Back Pain in Older Adults Necessary?



According to researchers, older adults who had spine imaging within six weeks of a new primary care visit for back pain had pain and disability over the following year that was not different from similar patients who did not undergo early imaging.

“Among older adults with a new primary care visit for back pain, early imaging was not associated with better one-year outcomes. The value of early diagnostic imaging in older adults for back pain without radiculopathy is uncertain,” Jeffrey G. Jarvik, MD, MPH, of the University of Washington, Seattle, and colleagues write in a report published in the March 17 issue of *JAMA*.

The study included 5,239 patients (65 years or older) with a new primary care visit for back pain in three U.S. healthcare systems, who did not have radiculopathy (a condition affecting the spinal nerve roots and spinal nerves). Dr. Jarvik’s team compared function and pain at the 12-month follow-up visit among patients who received early imaging (within 6 weeks) with those who did not. Diagnostic imaging — plain films, computed tomography (CT) or magnetic resonance imaging (MRI) — was of the lumbar or thoracic spine.

Among the patients studied, 1,174 had early radiographs and 349 had early MRI/CT. At 12 months, neither the early radiograph group nor the early MRI/CT group differed significantly from controls on measures of back or leg pain-related disability, the research team notes.

In contrast, there were significant differences in one-year resource use and costs. Estimated monetary differences in one-year total payments (payer and patient contributions) were \$1,380 higher for patients with early radiographs and \$1,430 higher for patients with early MRI/CTs.

The prevalence of back pain in the geriatric population is estimated to be more than 70 percent. When to image older adults with back pain remains controversial. Many guidelines recommend that older adults undergo early imaging because of the higher prevalence of serious underlying conditions. However, there is not strong evidence to support this recommendation.

Adverse consequences of early imaging are more substantial in an older population because the prevalence of incidental findings on spine imaging increases with age, which may lead to a cascade of subsequent interventions that increase costs without benefits, according to Dr. Jarvik and colleagues.

Source: [JAMA](#)

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