

Scans for Back Pain Ineffective

New York Times
Tara Parker-Pope on Health
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Patients suffering from lower back pain often undergo X-rays or imaging scans to detect the source of the problem. But new research shows scanning to find the source of back pain may do more harm than good.

Researchers from Oregon Health and Science University in Portland reviewed six clinical trials comprised of nearly 2,000 patients with lower back pain. They found that back pain patients who underwent scans didn't get better any faster or have less pain, depression or anxiety than patients who weren't scanned. More important, the data suggested that patients who get scanned for back pain may end up with more pain than those who are left alone, according to the report published this week in the medical journal *Lancet*.

About two thirds of adults suffer from low back pain at some time in their lives, and low back pain is the second most common symptom that sends people to the doctor (upper respiratory problems are first). Studies suggest that more than half the patients who see a doctor for back pain undergo X-rays or another imaging study as a result.

The problem, say researchers, is that back scans can turn up physical changes in the back that aren't really causing any problem. One well known study from *The New England Journal of*

CFR COMMENT — H Goslins

Of course, possible serious medical conditions can be involved. However, in my 30 years of private practice, I have found that the following factors are usually responsible for back pain.

- Habitually shortened and contracted back muscles and their associated tendons and connective tissue
- Compensations from old injuries that pull on the back from the neck, shoulders, ribs, knees ankles, or feet.
- Nerves impinged on by contracted muscle or soft tissue

None of these situations show up on an MRI scan or X-ray.

Medicine put 98 people with no back pain into a magnetic resonance imaging scan. Even though all of them had healthy backs, two out of three of them came back with M.R.I. reports that showed disk problems.

“You can find lots of stuff on X-rays and M.R.I.’s like degenerative disks and arthritis, but these things are very weakly correlated with low back pain,” said study author Dr. Roger Chou, associate professor of medicine at Oregon Health. “We think we’re helping patients by doing a test, but we’re adding cost, exposing people to radiation and people may be getting unnecessary surgery. They start to think of themselves as having a horrible back problem and they stop doing exercise and things that are good for them, when in reality, a lot of people have degenerative disks and arthritis and have no pain at all.”

Dr. Chou said patients should ask their doctors why a scan or X-ray is needed rather than using pain relief and exercise to cope while a back heals on its own. Most back pain gets better within 30 days if a patient takes precautions after a pain episode. If back pain persists for longer than a month, or if symptoms suggest a more serious problem like an infection or tumor, then an X-ray or scan may be needed, Dr. Chou said.

“I think patients should question whether they really need it,” Dr. Chou said. “From a societal perspective, it’s important because we’re wasting a lot of money that could be used for better purposes. But from an individual patient’s perspective, doing X-rays and M.R.I.’s can lead you down a path that you don’t want to go down.”

To learn more about back pain, read my **Well** blog post from last year, “Back Pain Spending Surge Shows No Benefit.” In 2004 Times reporter Gina Kolata wrote, “Healing a Bad Back is Often an Effort in Painful Futility.” Read the New Yorker article from 2002 called “A Knife in the Back,” by Dr. Jerome Groopman, about the risks of back surgery.

LETTER TO THE EDITOR – WALL ST. JOURNAL JAN 2011

Addressing an article about the serious conflict of interest between surgical medical device companies and the surgeons who use them.

“I am a spine surgeon.....If surgical indications for spinal fusion encompass only the diagnosis of degenerative disc disease based on pain

complaints and an imaging study, nearly every patient over 50 years of age who enters a surgeons office will be a candidate for spinal fusion surgery. Such an indication lacks evidence and undermines the credibility of our profession.

I want to emphasize that patients who have clear indications for surgery do benefit from the many advances in technology that have occurred in our field. — SK MD.