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Imaging tests for lower-back pain

When you need them—and when you don't

Back pain can be excruciating. So it seems that getting an X-ray, CT scan, or MRI to find the cause would be a good idea. But that's usually not the case, at least at first. Here's why.

They don't help you get better faster.

Most people with lower-back pain feel better in about a month whether they get an imaging test or not. In fact, those tests can lead to additional procedures that complicate recovery. For example, a study that looked at 1,800 people with back pain found that those who had imaging tests soon after reporting the problem fared no better and sometimes did worse than people who took simple steps like applying heat, staying active, and taking an OTC pain reliever. Another study found that back-pain sufferers who had an MRI in the first month were eight times more likely to have surgery, and had a five-fold increase in medical expenses—but didn't recover faster.

They can pose risks.

X-rays and CT scans expose you to radiation, which can increase cancer risk. One study projected 1,200 new cancers based on the 2.2 million CT scans of the lower back performed in



the U.S. in 2007. While back X-rays deliver less radiation, they're still 75 times stronger than a chest X-ray. That's especially worrisome to men and women of childbearing age, because X-rays and CT scans of the lower back can expose testicles and ovaries to radiation. And the tests often reveal spinal abnormalities that could be completely unrelated to the pain. For example, one study found that 90 percent of older people who reported no back pain still had spinal abnormalities that showed up on MRIs. Those findings can cause needless worry and lead to

unnecessary follow-up tests and procedures such as injections or sometimes even surgery.

They're often a waste of money.

An X-ray of the lower back ranges from about \$200 to \$290, an MRI from \$880 to \$1,230, and a CT scan from \$1,080 to \$1,520, according to HealthCareBlueBook.com. Imaging also accounts for a big chunk of the billions Americans spend on lower-back pain each year, not only for the tests themselves, but also the unnecessary interventions they trigger.

When do imaging tests make sense?

It can be a good idea to get an imaging test right away if you have signs of severe or worsening nerve damage, or a serious underlying problem such as cancer or a spinal infection. Red flags that can make such testing worthwhile include a history of cancer, unexplained weight loss, fever, recent infection, loss of bowel or bladder control, abnormal reflexes, or loss of muscle power or feeling in the legs. In other cases, you probably don't need an imaging test for at least several weeks after the onset of your back pain, and only after you've tried the self-care measures described at right.

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Consumer Reports Advice

How should you treat lower-back pain?

Most people get over back pain in a few weeks, and these simple steps might help.

- **Stay active.** Resting in bed for more than a day or so can cause stiffness, weakness, depression, and slow recovery.



- **Apply heat.** A heating pad, electric blanket, or warm bath or shower relaxes muscles.

- **Consider over-the-counter medicines.** Good options include painrelievers such as acetaminophen (Tylenol and generic) or anti-inflammatory drugs such as ibuprofen (Advil and generic) and naproxen (Aleve or generic).

- **Sleep comfortably.** Lying on your side with a pillow between your knees or on your back with a few beneath them might help.

- **Talk with your doctor.** If symptoms don't improve after a few days, consider seeing a doctor to make sure that the problem doesn't stem from a serious underlying health problem. If the pain is severe, ask about prescription painrelievers.

- **Consider alternatives.** If you don't feel better after four weeks or so, it might be worth talking with your doctor about other options, including physical therapy, chiropractic care, yoga, massage, acupuncture, cognitive-behavioral therapy, and progressive muscle relaxation. More invasive choices, such as surgery, should be considered only if those other treatments don't help.