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Spine care, imaging first: match the scan to the symptoms

Back and neck pain pull toward a quick answer: send the MRI, get a procedure date. Imaging is powerful — but it helps most when it is ordered for the right reason and read alongside your symptoms and an examination. This issue explains when spine imaging helps, why findings and pain do not always line up, and how image-guided procedures and surgery fit into a plan for travelers coordinating care in Los Cabos.

Educational only. Not medical advice. One Stop Cabo Health is a medical concierge — not a hospital. Licensed physicians provide clinical care.

“Imaging first” does not mean “imaging always”

The American College of Radiology (ACR) publishes Appropriateness Criteria that rate when imaging is useful. For low back pain, its 2021 criteria say that uncomplicated acute low back pain, with no red flags, is a self-limiting condition that does not warrant imaging, and that routine imaging provides no clinical benefit in that group.

Imaging is considered when pain has not improved after up to 6 weeks of medical management and physical therapy, or when warning signs suggest a serious underlying condition. For people who are candidates for surgery or another intervention because symptoms persist or progress after 6 weeks of optimal medical management, the ACR rates magnetic resonance imaging (MRI) of the lumbar spine without contrast as usually appropriate.

So “imaging first” here means something specific: when imaging is needed, [get the right study](#), and make sure it is read by someone who also knows your history and has examined you.

When back pain should not wait for a trip

The ACR lists red flags that suggest a more serious cause of back pain, including: a history of cancer, unexplained weight loss, a weakened immune system, intravenous drug use, or long-term steroid use; significant trauma, or a minor fall or heavy lift in someone at risk of osteoporosis; new

difficulty urinating or loss of bladder or bowel control; numbness in the groin or “saddle” area; and weakness in both legs or weakness that is getting worse. If any of these apply, seek medical care where you are — not a travel plan.

A scan shows anatomy. It does not always show the pain.

A systematic review in the American Journal of Neuroradiology (AJNR) looked at spine imaging in people with no back pain at all. Disk degeneration appeared in 37% of 20-year-olds and 96% of 80-year-olds. Disk bulges appeared in 30% of 20-year-olds and 84% of 80-year-olds, and disk protrusions in 29% and 43%. The authors concluded that many of these findings are likely part of normal aging and unassociated with pain.

The same gap appears at the level of individual joints. A review in *Neurology: Clinical Practice* notes that signs of facet joint arthritis on X-ray, computed tomography (CT), or MRI do not predict whether that joint is the source of pain — and that a physical and neurologic examination cannot identify it either.

None of this makes imaging less valuable. It makes the reading of the image more important. A report that lists several findings is the start of a diagnosis, not the end of one.

Matching symptoms, examination, and image

A useful spine evaluation brings three things together: what you feel (where the pain is, whether it travels down an arm or leg, what makes it better or worse), what a clinician finds on examination, and what the images show. When all three point the same way, the plan becomes clearer. When they do not, the next step is usually more evaluation — not a procedure.

That evaluation may include a [review of your overall health](#) and, when a clinician is looking for causes such as infection or inflammation, [laboratory tests](#). Occasionally, imaging shows something that is not simply wear and tear — a lesion in a bone, for example — and the question becomes what it is.

RadiologyInfo.org notes that bone biopsy is used to diagnose cancer or infection in the bones; in that situation, [an image-guided biopsy may be the next diagnostic step](#).

Image-guided spine procedures, described honestly

Several spine procedures use imaging — usually fluoroscopy (real-time X-ray) or CT — to place a needle precisely. They are [tools within a plan](#), each with a different purpose and different limits.

Epidural steroid injections

An epidural injection places medication, often a corticosteroid, into the space around the spinal nerves to reduce inflammation. RadiologyInfo.org — the patient information site of the Radiological Society of North America (RSNA) and the ACR — notes that the duration of improvement varies: some people have lasting relief, for others the effect is short, and pain may return. A 2025 systematic review summary from

the American Academy of Neurology (AAN) found that these injections probably reduce short-term pain from a pinched nerve root in the neck or lower back, but that the evidence is insufficient to say whether they reduce pain over the long term.

Safety is part of the conversation. In 2014, the U.S. Food and Drug Administration (FDA) required a warning on injectable corticosteroids about rare but serious neurologic events after epidural injection — including loss of vision, stroke, paralysis, and death — and noted that it has not approved corticosteroids for epidural use. The FDA advises patients to discuss the benefits and risks of these injections, and of other treatments, with their health care professionals.

Facet joint and medial branch blocks

A facet joint block places medication into or near a small joint at the back of the spine. RadiologyInfo.org notes it can help physicians determine the cause of back or neck pain and help some patients tolerate physical therapy. A medial branch block numbs the small nerves that carry pain signals from a facet joint, and is used to test whether that joint is the source. The Neurology: Clinical Practice review notes that single blocks have a false-positive rate of 27%–34%, and that the best-supported approach is two comparative blocks on separate occasions. It also notes that there is no high-quality evidence of lasting benefit from steroid injections into the facet joint itself.

Radiofrequency ablation

Radiofrequency ablation uses heat delivered through a needle to interrupt the nerves that carry pain from a confirmed facet joint. The same review is candid about the limits: relief may be incomplete or temporary because the nerves can regenerate; the procedure interrupts pain signals rather than treating the underlying disease; results depend heavily on careful patient selection and technique; and, when appropriately evaluated, only a minority of people with spine pain are candidates.

When surgery is discussed — and when it is not

Spine surgery comes into the conversation after evaluation, not before it: typically when symptoms persist or progress despite optimal non-surgical care, or when examination and imaging show a problem that surgery can address. The ACR's criteria reflect that sequence — imaging for surgical planning is aimed at people who are surgery or intervention candidates with persistent or progressive symptoms after 6 weeks of optimal medical management.

If surgery is recommended, the decision belongs to you and a [spine surgeon](#), with your other physicians involved. A [pre-surgical evaluation](#) then checks that you are ready for anesthesia and recovery, and a [travel plan should account for the recovery](#) that follows.

Rehabilitation is the plan, not the afterthought

For most back pain without red flags, the ACR notes that first-line treatment is conservative — medication and non-drug therapy such as exercise and remaining active. A U.S. Department of Health and Human Services (HHS) task force on pain management describes five broad approaches to pain care:

medication, restorative therapies such as physical therapy, interventional procedures, behavioral health, and complementary and integrative health — and emphasizes individualized, multidisciplinary care.

A procedure that eases pain for a while is most useful when the plan says what comes next: physical therapy, a home exercise program, follow-up, and medication decisions made with your physicians. A written spine plan should cover all of it.

If you are in Canada and waiting for imaging or a specialist

Waits can stretch a spine workup. In the Fraser Institute's Waiting Your Turn 2025 survey of physicians, the national median wait was 18.1 weeks for an MRI scan and 8.8 weeks for a CT scan. The median wait from referral by a family doctor to treatment was 49.9 weeks for neurosurgery and 48.6 weeks for orthopaedic surgery.

Bring whatever you already have: referral letters, imaging reports, and the images themselves. A specialist review can tell you whether more imaging is needed at all, and the written plan should go back to your family physician.

If you are in the United States with a recommendation in hand

You may already have an MRI, a diagnosis, and a recommended injection or operation. A second look — at whether the findings match your symptoms and examination — is a reasonable step before scheduling a procedure far from home, not a delay. Share the images themselves, not only the reports, along with prior procedure notes and any physical therapy records, so the review starts from what is already known.

An MRI upload is a starting point, not a diagnosis

Sending your images ahead is a good way to begin. But a remote look at an MRI cannot examine you, and a procedure chosen before an evaluation skips the step this whole series is about. A spine plan worth traveling for starts with history, examination, and the right imaging read together — then decides whether a diagnostic block, a treatment procedure, surgery, or rehabilitation alone fits.

Planning travel around spine care

Many image-guided spine procedures are outpatient, but they still need planning. For a facet joint block, RadiologyInfo.org says to plan for someone to drive you home, to expect a period of observation, and to avoid strenuous activity and driving for 24 hours; it also advises having a driver after an epidural injection. If a pathway calls for diagnostic blocks on separate occasions, one short trip may not be enough — a good plan says so up front.

Before any procedure, your physicians need to know about blood thinners, aspirin, supplements, and allergies. Do not stop a prescribed medication on your own; that decision belongs to your physicians. The Centers for Disease Control and Prevention (CDC) recommends seeing your own health care provider or a

travel medicine clinician at least 4–6 weeks before a medical trip, and notes that flying after surgery can increase the risk of blood clots — another reason the flight home belongs in a surgical plan.

Records for the doctors at home

The CDC recommends bringing copies of your medical records, including test results, and getting copies of all your records before you return home — translated into English if needed. For spine care, a useful packet includes the images and reports, the examination findings, any procedure note (what was done, at which level, under which imaging), your response to any diagnostic block, the operative report if you had surgery, and the rehabilitation and follow-up plan.

Where a medical concierge fits

One Stop Cabo Health is a medical concierge, not a hospital. Licensed physicians make every clinical decision. Our role is ownership of the sequence: one dedicated concierge who coordinates image and record review, specialist and internist evaluation, any additional imaging or tests, a procedure or surgery only if it is indicated, the rehabilitation handoff, and the records that travel home with you.

Care is coordinated at top-level private hospital facilities in Los Cabos — on one itinerary, with one point of contact.

Diagnosis first, for the spine too

This series started with one idea: a clear diagnosis comes before a treatment plan. The spine may be where that idea is tested most, because images can look alarming without explaining the pain. Issue 02 covered what comes before an operating room, and Issue 05 applied plan-first thinking to joint replacement.

- Diagnosis first: why a clear plan beats “wait and see”
- Before the operating room: why pre-surgical evaluation exists
- Traveling for joint replacement: plan the recovery, not just the surgery
- MRI in Los Cabos
- Spine and neuro surgery we coordinate

Share your images — and your symptoms.

[Start a confidential case](#)

MRI in Los Cabos

contact@onestopcabohealth.com · Same-day typical reply

Frequently asked questions

Do I need an MRI for back pain?

Often not at first. The American College of Radiology (ACR) says uncomplicated acute low back pain does not warrant imaging. Magnetic resonance imaging (MRI) is considered when pain has not improved after up to 6 weeks of medical management and physical therapy, when red flags such as new weakness or loss of bladder control are present, or when surgery or another intervention is being considered.

Can an MRI show what is causing my back pain?

Not always. Magnetic resonance imaging (MRI) shows anatomy, but degenerative findings are common in people without pain: a systematic review in the American Journal of Neuroradiology (AJNR) found disk degeneration in 37% of 20-year-olds and 96% of 80-year-olds with no back pain. A clinician reads imaging together with your symptoms and an examination.

What is a medial branch block?

A medial branch block is an image-guided injection of local anesthetic that numbs the small nerves serving a spinal facet joint, to test whether that joint is causing pain. Because single blocks have a false-positive rate of 27%–34%, two comparative blocks on separate occasions are the best-supported approach before a treatment such as radiofrequency ablation.

Do epidural steroid injections work?

They can help some people for a time. A 2025 American Academy of Neurology (AAN) systematic review summary found they probably reduce short-term pain from a pinched spinal nerve root, with insufficient evidence on long-term pain. The U.S. Food and Drug Administration (FDA) warns of rare but serious neurologic risks, so benefits and risks should be discussed with your physicians.

How do I start a spine case with One Stop Cabo Health?

Email contact@onestopcabohealth.com or start a confidential case on the contact page with a description of your symptoms and any images, imaging reports, or prior procedure notes. One concierge typically replies the same day. Licensed physicians review your case and decide whether more evaluation, imaging, a procedure, or rehabilitation fits, and a written plan follows.

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Ready to match the scan to the symptoms?

Tell us about your back or neck pain and share any images, reports, or procedure notes you already have. One dedicated concierge replies, usually the same day.

[Start a confidential case](#)

[MRI in Los Cabos](#)

Internist evaluation in Los Cabos

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Read online: www.onestopcabohealth.com/insights/spine-care-imaging-first