

North-East London Musculoskeletal MRI Imaging & Referral Criteria

REVIEWED NOVEMBER 2025

RECOMMENDATION:

North-East London Integrated Care System advises against routinely performing Musculoskeletal (MSK) MRI in primary care settings. Advanced MSK imaging should be conducted in specialist settings where appropriate interpretation, clinical judgement, and onward management can be arranged.

For MSK imaging needs in primary care, please refer the patient to the relevant community MSK service as outlined in the table below. First Contact Practitioners integrated with community MSK services and meeting governance standards, will have access to MSK MRI from primary care. This will be coordinated through primary, community, and ICB shared governance structures.

For **suspected cancer**, refer to [local cancer referral pathways](#). If a patient under oncology care presents with suspicious MSK pain, refer them back to their oncology team for further investigation.

For suspected **cauda equina syndrome**, follow the [national CES pathway](#)

For **suspected sarcoma** consult the [Suspected Sarcoma Referral Guide](#)

Further guidance on **urgent MSK pathways** can be found in the tables below and here:
[Musculoskeletal – North East London](#)

National clinician advice – [Best MSK Spinal MRI Clinician Information](#)

Resources & Evidence:

[NICE Best Practice Recommendations | Low back pain and sciatica](#)

[Academy of Medical Royal Colleges / NHSE guidance LBP](#)

[Academy of Medical Royal Colleges / NHSE Guidance Knee](#)

[Academy of Medical Royal Colleges / NHSE Guidance Hip](#)

[Academy of Medical Royal Colleges / NHSE Guidance Shoulder](#)

[BMJ - MRI & Unintended consequences:](#)

[BJSM Best Practice MSK](#)

[Systematic literature review - PubMed](#)

[Abnormal findings MR asymptomatic subjects - PubMed](#)

RATIONALE FOR RECOMMENDATION:

MRI is rarely indicated for back or neck pain and should only be organised after assessment by a MSK practitioner with spinal expertise. Evidence from both observational studies and randomised trials shows little-to-no clinically meaningful improvement in outcomes from earlier access to musculoskeletal MRI in primary care. In fact, extensive literature demonstrates potential patient harms from imaging, particularly misinterpretation. National and Institutional Guidelines and recommendations, highlight the importance of reducing unnecessary low value imaging, which has significant potential for patient harm due to misinterpretation of common radiological findings.

Significant evidence supports improved clinical care through advanced practitioner-led, multidisciplinary community musculoskeletal (MSK) services. North East London ICS is invested in and developing these community services to enhance early patient assessment, manage both short- and long-term conditions, and support primary, community and secondary care services, as well as embedding MSK care within the Neighbourhood health strategy.

MSK PATHWAYS IN NORTH EAST LONDON

All Community MSK services in North East London offer **routine and urgent pathways**, which will include clinical triage of referrals and allocation to appropriate clinical assessments and treatments, including diagnostics. Please see below table for details on Tier 1 & Tier 2 Services, referral details, as well as guidance on Urgent & Routine Referral criteria.

	Physiotherapy (tier 1)	Advanced Practice / Extended Scope Physio (tier 2)
Staffing	B5-7 Physiotherapists	Advanced Practice Practitioners / Extended Scope Physiotherapists (B8)
Complexity	Low to moderate	Moderate to High
Interventions	<ul style="list-style-type: none"> MSK Assessment Treatment – Personalised care approach to patient needs - can include manual therapy, exercise prescription, group exercise classes, personalised rehabilitation programmes, referral to community programmes, advice & education. 	<ul style="list-style-type: none"> MSK Assessment Diagnostics for MSK <u>Can</u> include: MSK Prescribing, Injection therapy. Links with secondary care for MDTs and direct onward referral to neurosurgery, orthopaedics, rheumatology.
Routine Referral Criteria	<ul style="list-style-type: none"> Joint, muscle or bony injury requiring rehabilitation. Patient suitable for outpatient MSK therapy Does not meet urgent criteria Please also ensure patient is directed to Get U Better to start self-management GetUBetter – North East London 	<ul style="list-style-type: none"> Referrals for specialist opinion for assessment, diagnosis (+/- investigations) of musculoskeletal conditions potentially requiring surgery or advanced intervention (e.g. joint injection, joint replacement needs, complex spinal issues). Complex patients that have not improved with physiotherapy input and MSK intervention is still required.
Urgent Referral Criteria	<p>Urgent Physiotherapy patients are defined as:</p> <ul style="list-style-type: none"> patients who have had recent surgery/procedure requiring rehabilitation and/or patients who have had a recent injury, fracture or dislocation requiring rehabilitation and/or patients with acute and/or new complex needs with high levels of pain leading to significant loss of function and/or disturbed sleep, and/or an inability to work or undertake caring responsibilities. 	<p>Urgent Advanced Practice Physiotherapy patients are defined as:</p> <ul style="list-style-type: none"> Acute and severe neck or back pain with or without associated or worsening neurological deficit. Ensure sufficient safety netting has been provided. If, however major motor weakness (grade 3 or less– please refer to ED). Suspected cauda equina over 2 weeks with no new or deteriorating symptoms. Please reference pathway for a step by step guide Spinal – Suspected Cauda Equina Syndrome 1a – GIRFT – Pathways. Ensure sufficient safety netting has been provided. For acute cases please refer to ED as per pathway. Suspected acute / severe degenerative cervical myelopathy. Ensure sufficient safety netting has been provided. Degenerative cervical myelopathy pathway. For deteriorating gross functional deficit, please refer to ED. See guidance – Serious Pathology Guide MSK - for Primary Care Presentation is causing significant functional impairment e.g. a carer for a dependent or recently off work due to the problem and not suitable for urgent physiotherapy assessment. Also See Emergency & Urgent Referral Guidance – Appendix 2

EXCLUSION CRITERIA FOR COMMUNITY MSK SERVICES – also see resource links below

- **Suspected spinal metastases** – please reference relevant cancer pathways
- **Suspected metastatic spinal cord compression (MSCC)**. This should be treated as a medical emergency and the referrer should be advised to contact the MSCC co-ordinator for advice and support – please see Appendix 2
- **Acute (<2/52) symptoms of Cauda equina syndrome**: the local pathway should be followed [Spinal – Suspected Cauda Equina Syndrome 1a – GIRFT – Pathways](#).
- **Suspected acute vertebral fragility fracture with neurological deficit**: Please reference [VFF pathway final.html](#)
- **Suspected infection** e.g. spinal discitis, septic arthritis: the referrer should be advised to refer to the emergency department
- Non-musculoskeletal pathology e.g. neurological disorder
- **Gross motor neuropathy of < 6 week onset e.g. foot drop** – patients should be referred to the emergency department
- **Acute spinal cord compression e.g. acute myelopathy** (gross functional deficit +/- bladder/bowel/saddle sensory change/sexual dysfunction): the referrer should be advised to direct these patients to the emergency department.
- **Suspected axial spondyloarthritis** – the referrer should be advised to direct these to the rheumatology service or complete an Advice & Guidance referral. [Msk-Think-SpA-NICE-guidance-on-recognition-and-referral-of-Spondyloarthritis.pdf](#)
- **Lumps/bumps**: any lumps or bumps need to be investigated first; the referrer should be advised to consider a referral to local radiology
- **Acute soft tissue trauma** e.g. suspected tendon rupture should follow the acute soft tissue/fracture clinic pathways
- **Referral for only diagnostics** – patients will be assessed as per MSK Best Practice Pathways and diagnostics will be ordered as per clinical judgement. Direct liaison and referral to specialist services i.e. orthopaedics / rheumatology will be made by the MSK team as required.

MSK Resources for Emergency or Urgent Referrals

- [Criteria for MSK Conditions requiring emergency or urgent referral](#)
- [Serious Pathology Guide MSK - for Primary Care](#)
- [Spinal – Suspected Cauda Equina Syndrome 1a – GIRFT – Pathways.](#)
- [VFF pathway final.html](#)
- [Degenerative cervical myelopathy template](#)
- [Msk-Think-SpA-NICE-guidance-on-recognition-and-referral-of-Spondyloarthritis.pdf](#)
- [USC-Sarcoma-clinical-guide-Aug-2024.pdf](#)

MSK REFERRAL ROUTES NEL

Borough / (Provider)	Website	GP Referrals (for tier 1 & tier 2 services, unless specified)	Self Referral
Newham (East London Foundation Trust)	Newham MSK	Routine & Urgent: Via EMIS	Via form at: Physiotherapy - Musculoskeletal Service (Newham) East London NHS Foundation Trust
City & Hackney (Homerton University Trust - Locomotor Service)	Locomotor Service	Routine: Via e-RS Locomotor Physiotherapy - City & Hackney – RQX Extended Scope Physiotherapy (ESP) Assessment Service - St Leonard's- RQX20 Urgent: Email: Locomotor@nhs.net	Via: Physiotherapy Self Referral Homerton Healthcare NHS Foundation Trust
Redbridge (BHRUT)	BHR MSK	Routine: Via e-RS (Rego); Urgent: Email: bhr-tr.kghphysio@nhs.net	No self-referral at present
Havering (NELFT)	NELFT MSK	Via eRS: Tier 1 urgent Physiotherapy- URGENT Physiotherapy Musculoskeletal Service- NOT SMAS- Harold Wood Polyclinic- RAT ; Physiotherapy- Musculoskeletal Walking Aid Clinic - Harold Wood Polyclinic - RAT ; Havering Tier 1 routine Physiotherapy- Physiotherapy Musculoskeletal Service- NOT SMAS- Harold Wood Polyclinic- RAT ; Tier 2 SMAS MSK Secondary care SPA (Orthopaedics, Pain, Spine and Rheumatology)– King George Hospital RF4	No self-referral at present
Barking & Dagenham (NELFT)	NELFT MSK	Via eRS Tier 1 urgent Physiotherapy- URGENT Physiotherapy Musculoskeletal Service - NOT MCATS- Porters Avenue H/C- RAT ; Physiotherapy- Musculoskeletal Walking Aid Clinic - Porters Avenue H/C- RAT ; Tier 1 routine Physiotherapy- Physiotherapy Musculoskeletal Service - NOT MCATS- Porters Avenue H/C- RAT ; Tier 2 (MCATS) MSK Secondary care SPA (Orthopaedics, Pain, Spine and Rheumatology)– King George Hospital RF4	No self-referral at present
Waltham Forest (Barts Health)	Physiotherapy - Barts Health NHS Trust	Via e-RS: Waltham Forest Community MSK RAS – Barts Health Trust – R1H; Urgent & Routine	No self-referral at present
Tower Hamlets (Barts Health)	Physiotherapy - Barts Health NHS Trust	Via e-RS: MSK Physiotherapy – RAS – (RLH) – Barts Health NHS Trust (Tier 1); MSK CAS – RAS – (RLH) – Barts Health NHS Trust (for APP / Tier 2 services)	No self-referral at present

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