

Low Back Pain Guidelines**DEPARTMENT: Utilization Management Physician Practice Guidelines****EFFECTIVE DATE: 05/07****DATE LAST REVIEWED: 06/21**

SOURCES: Manchikanti L, Singh V. An Algorithmic Approach to Diagnosis and Management of Low Back Pain. Interventional Pain Management Low Back Pain-Diagnosis and Treatment. (American Society of Interventional Pain Physicians pp597-604)
https://www.uptodate.com/contents/evaluation-of-low-back-pain-in-adults?search=acute%20low%20back%20pain:%20considerations%20for%20imaging&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H38932910

RECOMMENDED GUIDELINES:

- 1) Acute low back pain is defined as pain with duration of < 6 weeks. Chronic low back pain is defined as pain with a duration of > 6 weeks.
- 2) Refer to the attached algorithm for diagnosis and treatment of low back pain with and without neurological deficits.
- 3) Conservative Measures consist of:
 - a) NSAIDS
 - b) OTC analgesics
 - c) Muscle relaxers
 - d) Activity modification
 - e) Heat/cold packs
 - f) Home exercise
 - g) Medrol dose pack
 - h) Osteopathic manipulation, if indicated
 - i) Acupuncture
- 4) Chronic low back pain may be:
 - a) Intermittent
 - b) Continuous
 - c) Post-surgical
- 5) Chronic low back pain is initially treated as acute low back pain without radiculopathy. Radiculopathy is defined as radicular pain plus at least one neurological finding. Failed conservative measures for chronic low back pain are further treated with:
 - a) Pain medication management. Patients on steroids should be seen by a physician monthly.
 - b) Referral for mental health evaluation
 - c) Biofeedback/relaxation