

**Low Back Pain Guidelines****DEPARTMENT: Utilization Management Physician Practice Guidelines****EFFECTIVE DATE: 05/07****DATE LAST REVIEWED: 06/22**

**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](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:**

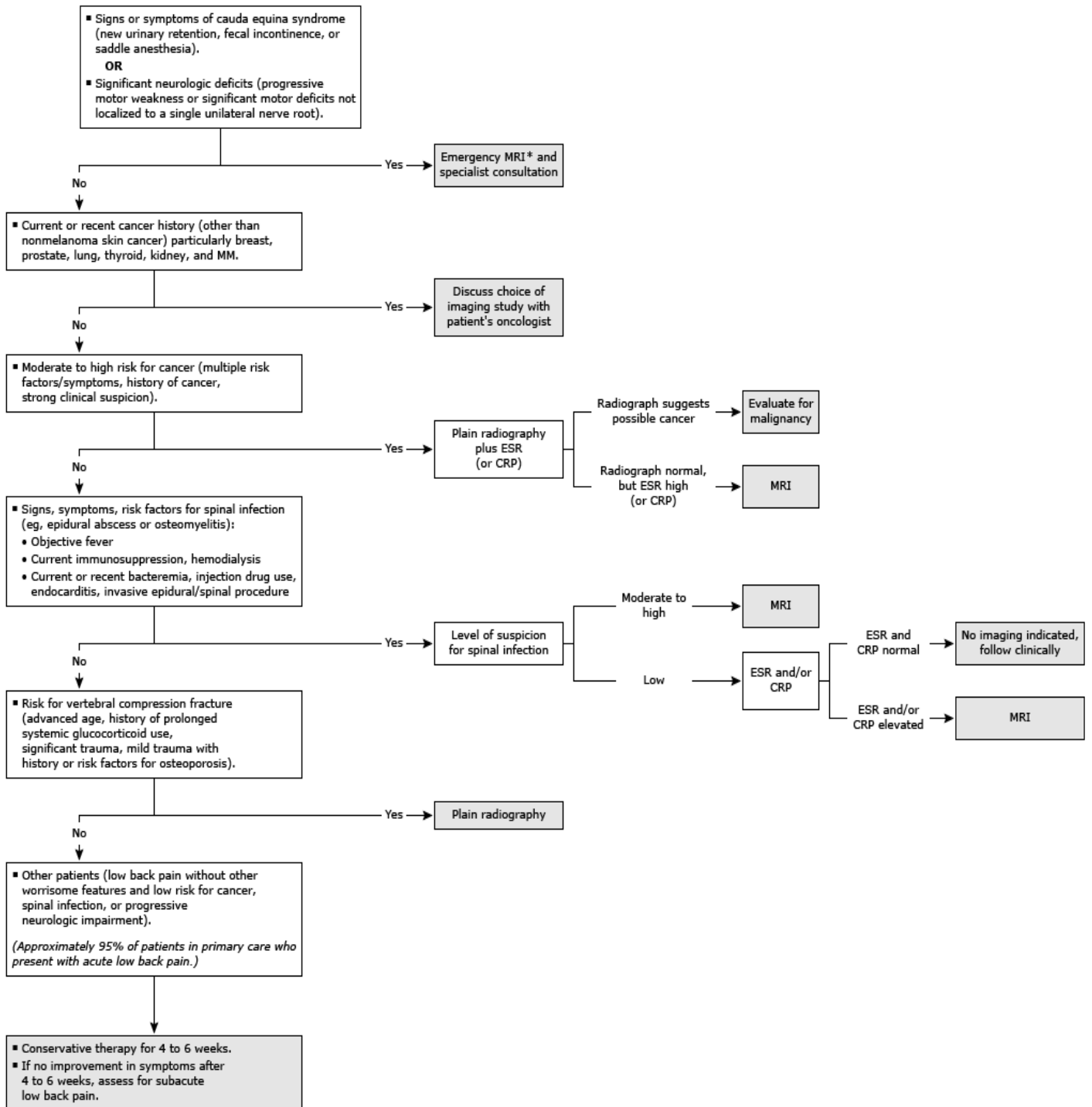
- 1) Acute low back pain is defined as pain with duration of < 6 weeks. Chronic low back pain is defined as pain with a duration of > 6 weeks.
- 2) Refer to the attached algorithm for diagnosis and treatment of low back pain with and without neurological deficits.
- 3) Conservative Measures consist of:
  - 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

See chart on Page 2.

## Acute low back pain: Considerations for imaging

This algorithm is intended to assist with the evaluation of patients with acute (<4 to 6 weeks) low back pain in whom imaging is being considered. Most patients (95%) will not require immediate imaging.

**Exclusion:** History of significant trauma.



MRI: magnetic resonance imaging; MM: multiple myeloma; ESR: erythrocyte sedimentation rate; CRP: C-reactive protein; CT: computed tomography.

\* Lumbar spine MRI without contrast is usually appropriate. If there is concern for cancer or infection or if there is history of prior surgery at the site, MRI without and with contrast is recommended. CT with contrast is the alternative exam if MRI is contraindicated.

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