UCLA Health Care / UCLA Medical Group
Practice Guidelines - Back Pain

It is anticipated that Primary Care Physicians will initially care for back pain patients themselves, using the guidelines outlined below.

GUIDELINES FOR EVALUATION, TREATMENT, AND REFERRAL

Patients with back pain generally have one of the following conditions:

1. Cauda equina syndrome (REQUIRES EMERGENT CONSULTATION)
2. Neural compression with persistent radiculopathy symptoms
3. Herniated disc with neural compression with persistent radiculopathy symptoms
4. Associated with documented motor weakness.
5. Spinal stenosis with radiculopathy symptoms.
6. Mechanical spine pain due to degenerative disc disease, noninflammatory sacroiliitis, or other cause
7. Facet disease with AXIAL back pain.
8. Previous back surgery with new or continued pain with radiculopathy symptoms.
9. Primary or metastatic cancer of the spine or spinal cord tumors or lesions
10. Spinal fracture or severe spinal trauma
11. Infectious or inflammatory process, i.e. epidural abscess, diskitis or osteomyelitis
12. Spondylolisthesis
13. Scoliosis
14. Syringomyelia
15. Pyriformis syndrome
16. Coccygeal pain
17. Arnold-chiari malformations
18. Myofascial pain

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The following is an outline of accepted evaluation and treatment of patients with back pain.
Prior to referral, all patients should be adequately evaluated as described under the sections below. This data determines the need for urgent consultation, imaging and other testing. Initial treatment is also outlined. These guidelines start below.

a. History

Patients at increased risk of serious underlying pathology can often be identified by historical features alone. These features are:

1. Age over 50 with new onset of acute back pain
2. Fever
3. Personal history of cancer
4. Recent trauma
5. Neuromotor deficits (including cauda equina syndrome)
6. Current steroid use
7. Current history of alcohol or drug use
8. Osteoporosis
9. Radiculopathy symptoms

b. Physical Examination

1. Standing flexion and extension
2. Proximal and distal muscle strength
3. Palpation of spine
4. Straight leg raises
5. Reflexes and sensory assessment
6. Rectal exam for rectal tone

c. Imaging and Diagnostic Test Indications and Types

1. Indications

a. The features that suggest underlying pathology (see History above)
b. History suspicious for anklyosing spondylitis
c. Patients who fail 4-6 weeks of conservative therapy

2. What to order

a. X-rays: AP and lateral of lumbar spine with flexion and extension images
b. ESR and CBC, if indicated by history and physical examination

3. When to order MRI

a. Persistent sensory deficit greater than four (4) weeks b. Persistent radicular pain greater than four (4) weeks c. Motor deficits including cauda equina syndrome
d. Suspected epidural abscess, disk space infection and/or osteomyelitis e. Prior malignancy
f. Current or recent anticoagulant use (Lovenox, Coumadin)

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d. Treatment (assumes emergency intervention not needed)

1. Back pain self-care instructions (to include home exercises).
- *This is the mainstay of treatment for most back pain patients.*
2. Short term rest, if needed (1-2 days)
3. NSAIDS as tolerated
4. Avoid Opioid analgesics if possible
5. "Muscle relaxants" (efficacy uncertain)
6. PHYSICAL THERAPY and aerobic exercise to emphasize back home program
7. Consider Medrol® Dosepak™ for significant acute radicular symptoms of less than three (3) weeks duration[1] (efficacy uncertain)
8. Consider Complimentary Alternative Medicine (CAM) provider (e.g. acupuncture or chiropractic care) for chronic axial back pain.

e. Indications for referral

1. Persistent pain (more than 4 weeks) with radicular pain.
2. Motor deficit
3. Spinal stenosis with symptoms. Stenosis without symptoms has no need for referral
4. Spinal fracture or severe spinal trauma
5. Infectious or inflammatory process (ie. abscess or tumor)
6. Bladder and or bowel dysfunction (cauda equine syndrome)
7. FAILURE of Physical Therapy and medications
8. MRI findings with pathology to explain symptoms

Guidelines based on:
The American College of Physicians issues and recommendations for treating non-radicular low back pain.

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