Low Back Pain - Acute (<4 wks) or Subacute (>4 wks < 3 mos)

Purpose
To guide primary care physicians with decision making at the initial evaluation for acute or subacute low back pain, for adults 18 year of age and older, in the outpatient setting. (It is not a comprehensive treatment guide, nor is it meant to facilitate or direct referrals for interventions or procedures.)

Key Recommendations
- Do not recommend bed rest for more than 48 hours when treating low back pain.*
- Avoid routine imaging which usually does not improve outcomes in patients with nonspecific pain.
- In the absence of red flags, advise patient to limit bed rest and continue ordinary daily activity as tolerated.
- Opioids should be prescribed cautiously.
- Acetaminophen and NSAIDs are effective treatments for nonspecific acute low back pain.

Measures Commonly Used by National Organizations
- Use of Imaging Studies for Low Back Pain: Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. (CMS Meaningful Use/HEDIS/PQRS)
- Initial Visit: The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who had back pain and function assessed during the initial visit to the clinician for the episode of back pain. (PQRS)
- Advice for Normal Activities: The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice for normal activities at the initial visit to the clinician for the episode of back pain. (PQRS)
- Advice Against Bed Rest: The percentage of patients aged 18 through 79 years with a diagnosis of back pain or undergoing back surgery who received advice against bed rest lasting four days or longer at the initial visit to the clinician for the episode of back pain. (PQRS)

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### RED FLAGS AND ADDITIONAL RISK FACTORS FOR SERIOUS CONDITIONS

<table>
<thead>
<tr>
<th>Recommended Action</th>
<th>Red Flags</th>
<th>Additional Risk Factors for Serious Conditions</th>
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</thead>
<tbody>
<tr>
<td>Refer To ER Immediately</td>
<td>Sudden onset or otherwise unexplained loss or changes in bowel or bladder control</td>
<td>IV drug use</td>
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<tr>
<td>Appt &lt; 24 hours</td>
<td>Sudden onset or otherwise unexplained bilateral leg weakness</td>
<td>Prolonged use of corticosteroids, history of osteoporosis</td>
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<td>Saddle numbness</td>
<td>Age &gt; 70</td>
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<td>Fever 38°C or 100.4°F for longer than 48 hours</td>
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<td>Unrelenting night pain or pain at rest</td>
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<td>Leg weakness (less than antigravity strength in major muscle groups)</td>
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<td>Began &lt; 6 wks ago w/ progressive pain &amp; distal (below the knee) numbness or weakness of legs</td>
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<td>Progressive neurological deficit</td>
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<tr>
<td>Additional Risk Factors for Serious Conditions</td>
<td>Recent significant trauma or age &gt; 50 &amp; milder trauma</td>
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<tr>
<td></td>
<td>Unexplained weight loss</td>
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<td>Immunosupression</td>
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<td>History of cancer</td>
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### TREATMENT

#### For patients with red flags, suspected serious pathology
- **Non-Invasive Treatment and Self-Care**
  - Reassure patients that 90% of episodes resolve spontaneously in 6 weeks
  - Explain that early routine imaging & other tests usually cannot identify a precise cause & do not improve outcomes
  - Recommend remaining active and avoiding bed rest. Complete pain relief usually occurs after, rather than before, resumption of normal activities and return to work can be before complete pain relief.
  - Superficial heat by heating pads or heated blankets.
  - Aerobic exercise, exercise therapy, Intensive interdisciplinary rehabilitation (intervention that includes a physician consultation coordinated with psychological, physical therapy, social or vocational intervention), spinal manipulation by providers with appropriate training.
  - Recommend self-care education books such as *The Back Book*

#### For patients with no red flags
- **Medications**
  - Assess severity of baseline pain and functional deficits and consider use of medications with proven benefits as well.
  - For most patients, first line medication options are acetaminophen or nonsteroidal anti-inflammatory drugs (NSAIDs).
  - Consider muscle relaxants with limited sedative side effects as 2nd line treatment in moderate to severe acute LBP not adequately controlled by NSAIDs.

#### Follow Up Visit 1-3 Weeks After Initial Evaluation If
- No improvement with home management
- Significant pain persists beyond a week
- Symptoms persist, worsen or progress

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Monroe County Medical Society Community-wide Guidelines

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References


