EVIDENCE-BASED TREATMENT GUIDELINES FOR LOW BACK PAIN

For Health Care Providers

June 2021

Guideline	Evaluation and intervention	Recommendations
Initial evaluation	✓ Take a history and perform an exam. ✓ Look for the presence or absence of red flags, such as cauda equina syndrome, cancer, infection, or fracture. ✓ Perform a functional assessment: Oswestry Disability Index (ODI) or other functional scale documentation, such as the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC). ✓ Assess pain: Visual Analog Scale, pain diagram, or other pain scale document. ✓ Perform behavioral screening to assess for depression, anxiety, risk of substance use disorder, and other behavioral health concerns. ✓ Review medications: Refer to the Medication-Based Pain Control Protocol and Safe Opioid Prescribing Guidelines. ✓ Consider mechanical therapy: Self-management exercises at home and/or physical therapy (PT) evaluation and treatment. ✓ Follow the core treatment plan.	✓ **Imaging:** Reduce or eliminate imaging, except for those with clinical red flag indicators. ✓ **Red flags present:** Refer to the appropriate specialist and/or level of care based on assessment**.** See Red flags (clinical). ✓ **Radicular pain:** See Radicular pain.
Red flags (clinical)	✓ Evaluate for: - Cauda equina syndrome: Saddle anesthesia, or loss of bowel or bladder control - Infection - Cancer: Gradual onset of symptoms and history of cancer - Fracture - Other “non-spine” origins ✓ Consult with and refer to appropriate specialist for further evaluation and treatment when red flags exist.	✓ **Cauda equina syndrome symptoms:** Make an urgent surgical consultation or referral. ✓ **Infection:** Consider blood work. Consult with a surgeon if bony infection is suspected. ✓ **Cancer:** Refer to the appropriate specialist. ✓ **Fracture:** Consider X-ray.
Radicular pain	✓ Evaluate for: - Incapacitating pain > two weeks, OR radicular symptoms > six weeks o Use shared decision-making tools and approach to determine treatment options such as imaging, epidurals, or a spine specialist referral, OR continue the core treatment plan. o Perform spinal interventional procedure: Evaluate biomechanics and pain levels post procedure. - Weakness: If it’s a primary issue and progressing, consult with or refer to a spine surgeon. If it’s not a primary issue, consider a referral to a pain specialist. ✓ Review medications: Refer to the Medication-Based Pain Control Protocol and Safe Opioid Prescribing Guidelines. ✓ Can consider neuroleptic drugs, epidural injections, antidepressants, or oral steroids (radicular pain). ✓ Consider mechanical therapy: Self-management exercises at home and/or physical therapy (PT) evaluation and treatment. ✓ Follow the core treatment plan.	✓ **Imaging:** No imaging for the first six weeks with radicular pain. ✓ Refer to the core treatment plan.

Together, all the way.

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Core treatment plan	✓ Complete appropriate initial and follow-up screenings (functional, pain, depression and anxiety, alcohol and substance abuse, and opioid misuse and abuse risk), per treatment plan. ✓ Reassure prognosis and recovery expectations. ✓ Educate: Review low back pain (LBP) recovery statistics, the importance of weight management for recovery, and smoking cessation (if applicable). ✓ Review medications: Refer to the Medication-Based Pain Control Protocol and Safe Opioid Prescribing Guidelines. ✓ Consider mechanical therapy: Self-management exercises and/or PT evaluation and treatment. ✓ Ice for first 48 hours; then consider heat. ✓ Encourage activity; bed rest is not recommended. Give exercise instruction with the goal of self-management. ✓ Address fear-avoidance beliefs (fear of activity). ✓ Complete a return-to-work assessment. ✓ Do not perform imaging for non-specific LBP.	Use validated assessment tools: ✓ **Functional:** ODI and WOMAC ✓ **Pain:** Visual Analog Scale (VAS), Verbal Rating Scale (VRS), and Numeric Rating Scales (NRS). ✓ **Depression and anxiety:** Patient Health Questionnaire (PHQ)-4, PHQ-9, and the Generalized Anxiety Disorder-7 (GAD-7) scale. ✓ **Alcohol and substance abuse:** CAGE-AID and Audit C ✓ **Opioid abuse and misuse risk**: ORT
Early acute (< 2 weeks)	✓ Follow the core treatment plan. ✓ Consider early spine rehabilitation or exercise therapy. Provide: - exercise handout - physical therapy - PCP demo, if available. ✓ Give advice on activity level. ✓ Complete a return-to-work evaluation. ✓ Plan follow up: - Review the warning signs and statistics of LBP recovery. - Ask ancillary staff, such as an Embedded Care Coordinator, to follow up with patient within three to five days. - Schedule follow-up appointment in two to three weeks if there is no improvement. ✓ Review medications: Refer to the Medication-Based Pain Control Protocol and Safe Opioid Prescribing Guidelines. Can consider analgesics, NSAIDs (over-the-counter, prescription, or injection), topical applications, Cox-2 inhibitors, oral steroids (radicular pain), and muscle relaxers. ✓ Consider mechanical therapy: Self-management exercises and/or PT evaluation and treatment	Spinal manipulative therapy should be considered in the early intervention of LBP.*
Late acute (2-6 weeks)	✓ Follow the core treatment plan, and focus review on treatment to date. ✓ Complete a return-to-work evaluation. ✓ Focus on activity and function. ✓ e-Consult with a medical spine specialist, if available. ✓ Refer for PT or chiropractic care (if available, see during the same visit), and/or acupuncture (determine benefit). ✓ Consider referring to a pain specialist, especially if considering advanced imaging. ✓ Consider basic imaging, such as X-rays. ✓ Review medications: Refer to the Medication-Based Pain Control Protocol and Safe Opioid Prescribing Guidelines. If others are not helpful, can consider an opioid agonist (Schedule IV) – non-narcotic pain reliever, trigger-point injection,** and neuroleptic drugs (for radiculopathy). ✓ Consider mechanical therapy: Self-management exercises and/or PT evaluation and treatment.	

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Subacute (7-12 weeks)	✓ Follow the core treatment plan. ✓ Complete a return-to-work evaluation and workplace ergonomic evaluation. ✓ Ensure advancement of a home exercise plan (HEP). ✓ Complete basic imaging, as necessary, such as X-ray. ✓ Strongly consider referral to a pain specialist. ✓ Consider spinal manipulative therapy, PT, chiropractic care, acupuncture (as appropriate), and cognitive behavioral therapy. ✓ Review medications: Refer to the Medication-Based Pain Control Protocol and Safe Opioid Prescribing Guidelines. Can consider an opioid agonist (Schedule IV) – non-narcotic pain reliever, trigger-point injection,** antidepressants, epidural injections, and neuroleptic drugs (for radiculopathy). ✓ Consider mechanical therapy: Self-management exercises and/or PT evaluation and treatment.	
Chronic (> 12 weeks)	✓ Follow the core treatment plan. ✓ Compete a return-to-work evaluation and workplace ergonomic evaluation. ✓ Ensure advancement of a HEP. ✓ Complete basic imaging, as necessary, such as X-ray. ✓ Strongly consider referrals to pain and surgical spine specialists. ✓ Incorporate the following based on tolerance and response to treatment: Physical and occupational therapy, chiropractic care, acupuncture (as appropriate), and cognitive behavioral therapy. ✓ Review medications: Refer to the Medication-Based Pain Control Protocol and Safe Opioid Prescribing Guidelines. Can consider an opioid agonist (Schedule IV) – non-narcotic pain reliever, trigger-point injection,** antidepressants, neuroleptic drugs (radiculopathy), and epidural injections (radiculopathy). ✓ Consider mechanical therapy: Self-management exercises and/or PT evaluation and treatment.	

Consider a consultation with or referral to a pain specialist for patients who have been experiencing any one of the following scenarios:

- ✓ Requires opioids beyond one month.
- ✓ Requires morphine milligram equivalent (MME) 30 mg, such as Percocet 7.5 three times a day, or hydrocodone 10 mg three times a day, or more, daily.
- ✓ Has musculoskeletal pain or radicular pain, and an inadequate response to treatment:
  - After four to six physical therapy visits.
  - After 30 days of treatment.

When in doubt, consult and refer.

* Strong Recommendation, Moderate Quality Evidence; Dagenais, 2010; Walker, 2010; Juini, 2009; Assendelft, 2008; Santilli, 2006.

** Refer to Cigna's coverage policy on the Cigna for Health Care Professionals website (CignaforHCP.com) > Review Coverage Policies > Medical and Administrative A-Z Index > M > Minimally Invasive Spine Surgery Procedures and Trigger Point Injections

Other resources and references: Institute for Clinical Systems Improvement: Health Care Guideline – Adult Acute and Subacute Low Back Pain (15th Edition)

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