### LUMBAR RADICULOPATHY REFERRAL GUIDELINE

**SYMPTOMS AND LABS**
- Rapidly progressive motor loss
- Bowel/Bladder incontinence/retention
- Motor loss impairing safety
- Perineal numbness
- ‘Red Flags’: signs of infection, significant weight loss/high cancer risk, recent trauma

**SUGGESTED PREVISIT WORKUP**
- Lumbar MRI (contrast if previous surgery within 10 years)
- CT scan if MRI contraindicated

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### HIGH RISK

**SUGGESTED EMERGENT CONSULTATION**

**SYMPTOMS AND LABS**
- Mild motor loss greater than 4/5
- Significant sensory deficit
- Uncontrolled pain

**SUGGESTED WORKUP**
- Lumbar MRI (contrast if previous surgery)
- CT scan if MRI contraindicated

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### MODERATE RISK

**SUGGESTED CONSULTATION OR CO-MANAGEMENT**

**SYMPTOMS AND LABS**
- Incidental finding of lumbar disc herniation on MRI with no neurologic deficit and minimal to no leg pain
- Unilateral paresthesia
- Back pain with no/mild leg involvement

**SUGGESTED WORKUP**
- Hold on MRI until trial of conservative care
- Oral steroids, PT, manual medicine, analgesic support
- Reassure most resolve with conservative care and time

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### LOW RISK

**SUGGESTED ROUTINE CARE**

**SYMPTOMS AND LABS**
- 80-90% will improve with conservative care.
- Surgery is rarely indicated prior to 6 weeks of conservative care with stable neuro exam.
- Monitoring patient beliefs about back pain is important to minimize delayed recovery.

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**CLINICAL PEARLS**

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- Surgery is rarely indicated prior to 6 weeks of conservative care with stable neuro exam.
- Monitoring patient beliefs about back pain is important to minimize delayed recovery.

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*These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.*