# AXIAL LBP UNRESPONSIVE TO INITIAL CARE WITH PATIENT CONCERNS CONDITION WILL BE DISABLING REFERRAL GUIDELINE

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## **HIGH RISK**

SUGGESTED EMERGENT CONSULTATION

## SYMPTOMS AND LABS

History of trauma and radiologic studies indicating fracture

## **MODERATE RISK**

SUGGESTED CONSULTATION OR CO-MANAGEMENT

#### **SYMPTOMS AND LABS**

Belief that LBP is harmful

Fear of avoidance of activity

Tendency to low mood, withdrawal from social interaction

Expectation of passive treatment

Social or financial problems

# **LOW RISK**

SUGGESTED ROUTINE CARE

#### **SYMPTOMS AND LABS**

Pain with no neuro deficit

Axial spine pain

Patient maintains activity

# SUGGESTED PREVISIT WORKUP

Lumbar x-rays to rule out fracture or bone lesion for at risk only

CT scan or MRI only if neurologic findings or history of trauma or concern for underlying medical condition

# SUGGESTED WORKUP

Early referral to active PT

Reassurance and education

Avoid terms such as "DDD", "Severe arthritis" and "torn disc"

Consider pain psychology for high risk dela

# SUGGESTED MANAGEMENT

Consider medication to only support activity

Spine Center consult after 6 weeks of conservative care if patient not improving

If some improvement continue with conservative care and independent management

### CLINICAL PEARLS

- Delayed recovery for axial low back pain may have both anatomic and psychologic factors.
- It is important not to medicalize treatment with patient selfmanagement encouraged.

Maine Medical
PARTNERS

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.

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