LUMBAR RADICULOPATHY REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - NEUROSURGERY & SPINE • 49 SPRING STREET, SCARBOROUGH, ME • (207) 885-0011

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

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

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Mild motor loss greater than 4/5

Significant sensory deficit

Uncontrolled pain

LOW RISK

SUGGESTED ROUTINE CARE

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 PREVISIT WORKUP

Lumbar MRI (contrast if previous surgery within 10 years)

CT scan if MRI contraindicated

SUGGESTED WORKUP

Lumbar MRI (contrast if previous surgery)

CT scan if MRI contraindicated

SUGGESTED MANAGEMENT

Hold on MRI until trial of conservative care

Oral steroids, PT, manual medicine, analgesic support

Reassure most resolve with conservative care and time

CLINICAL PEARLS

- 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.

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.

V1.0 6/17