LOW BACK PAIN WITH RADICULOPATHY

Low Back Pain with radiculopathy

MRI
- Yes
  - Functional deficit/Red Flag symptoms?
    - Yes
      - MRI/CT
        - Yes
          - Clinical findings correlate with imaging?
            - Yes
              - Conservative Tx,
                stay active, NSAIDS, APAP, steroids, muscle relaxants, short course opioids
                F/U 1-2 weeks
            - No
              - Physical Therapy/Chiro/PM referral
                F/U 4-6 weeks
        - No
          - Consider alternate cause; referral to physiatry/pain management
  - No
    - MRI
      - No
        - Refer for Neurosurgical evaluation
          - Microdiscectomy, hemilaminectomy, laminectomy, foraminotomy for compressive pathology (HNP, lateral/central stenosis) that failed conservative treatment minimum 4-6 weeks (or shorter with progressive neurologic deficit).

Conservative Tx
- Improved?
  - Yes
    - Cont conservative measures
  - No
    - Improved?
      - Yes
        - Cont conservative measures and HEP, repeat ESI
      - No
        - MRI/CT
Low Back Pain +/- Radiculopathy

MRI

Yes

Functional deficit/Red Flag symptoms?

No

Conservative Tx,
- stay active, NSAIDS, APAP, steroids, muscle relaxants, short course opioids
- F/U 1-2 weeks----Improved?

Yes

Cont conservative measures

No

Consider x-rays and physical therapy/chiro/PM referral;
- F/U 4-6 weeks----Improved?

Yes

Cont conservative measures and HEP, repeat ESI

No

MRI/CT

Yes

Refer for Neurosurgical evaluation

No

Clinical findings correlate with imaging?

No

Consider alternate cause; referral to physiatry/pain management

Yes

Cont conservative measures

Microdiscectomy, hemilaminectomy, laminectomy, foraminotomy for compressive pathology (HNP, lateral/central stenosis) that failed conservative treatment minimum 4-6 weeks (or shorter with progressive neurologic deficit).

Lumbar fusion (PLIF/TLIF/ALIF/lateral fusion) for spondylolisthesis, instability- degenerative and iatrogenic from facet decompression, recurrent disc herniation, or pseudoarthrosis that failed conservative treatment minimum 3 months.
NECK PAIN

Neck Pain +/- Radiculopathy

MRI/xrays

Functional deficit/Red Flag symptoms?

MR/CT

Cervical xrays Normal?

Conservative care: PT, traction, chiro, NSAIDs, MR, short course opioids, selective injections.

If persistent, consider referral to physiatry/PM

Yes

Clinical findings correlate with imaging?

No

Consider alternate cause, electromyography, referral to physiatry/pain management/Rheumatology

Symptoms resolving/stable without neurologic deficit?

No

Refer for Neurosurgical evaluation

Yes

Anterior cervical discectomy and fusion (ACDF) for cervical radiculopathy, nerve root compression for 4-6 weeks and failure of conservative care or progressive neurologic symptoms; or axial cervical symptoms for 3 months with failure of conservative measures
Clinical Pathway Resources:


