



Adult Low Back Pain Recommendation Summary

Low back pain is one of the most common reasons for a physician visit in the US. 90% of episodes of low back pain resolve within 6 weeks, regardless of treatment. Greater than 85% of those who present to primary care have low back pain which cannot be reliably attributed to a specific disease or spinal abnormality.

1. Perform a detailed, focused history and physical exam. Assess for neurological involvement. Identify "red flags" for serious underlying conditions or systemic illness and for profound or rapidly progressive neurological deficits. Include evaluation of psychosocial issues/risk factors, functional status and subjective pain.
2. Clinicians should *not* routinely perform imaging or other diagnostic studies during initial presentation of (nonspecific) low back pain. Routine lumbar imaging for patients with acute or subacute low back pain and without evidence of a serious underlying condition did not improve clinical outcomes.¹

Initial diagnostic imaging and testing should be performed for low back pain associated with "red flags" for suspected serious underlying conditions and for serious or progressive neurological deficits.

Clinicians should evaluate patients with persistent low back pain (after noninvasive management) and with signs/symptoms of radiculopathy or spinal stenosis with MRI or CT scan only if they are potential candidates for surgery or epidural steroid injection.

3. The approach to care should include patient reassurance, education about low back pain and about self-care and encouragement to stay active with activity as near to ordinary activity as possible. Consider the use of medications with proven benefits in conjunction with back care information and self-care. For patients who do not improve with self-care options, consider nonpharmacological therapy with proven benefits.

This summary is based upon the following guidelines:

- Chou, R., Qaseem, A., et al. Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society. *Annals of Internal Medicine*, October 2, 2007, vol. 147 no. 7 478-491, accessible at www.annals.org/content/147/7/478.full.
- The Institute for Clinical Systems Improvement. *Health Care Guideline: Adult Low Back Pain*. 13th edition, November, 2008. Accessible at www.icsi.org/low_back_pain/adult_low_back_pain__8.html.

¹ Chu, R., Fu, R., et al. Imaging strategies for low-back pain: systematic review and meta-analysis. *Lancet*, 2009;373(9662):463-472.