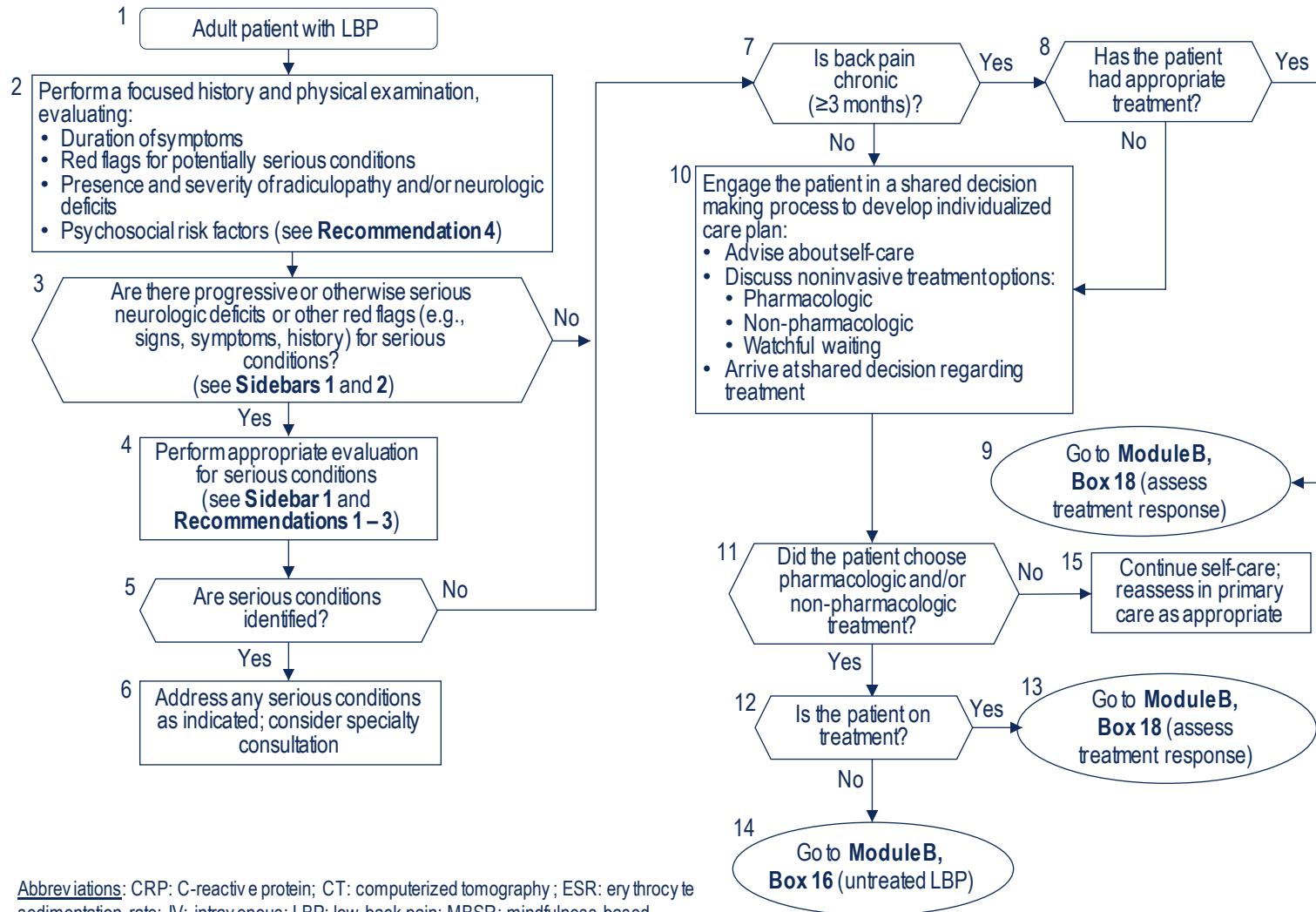


The Diagnosis and Treatment of Low Back Pain



Module A: Initial Evaluation of Low Back Pain



Sidebar 1: Evaluation for Possible Serious Conditions		
Possible Serious Conditions	Red Flags (e.g., signs, symptoms, history)	Suggested Evaluation <sup>a</sup>
<b>Cauda equina syndrome or conus medullaris syndrome</b>	<ul style="list-style-type: none"> <li>Urinary retention</li> <li>Urinary or fecal incontinence</li> <li>Saddle anesthesia</li> <li>Changes in rectal tone</li> <li>Severe/progressive lower extremity neurologic deficits</li> </ul>	<ul style="list-style-type: none"> <li>Emergent MRI<sup>b</sup> (preferred)</li> </ul>
<b>Infection</b>	<ul style="list-style-type: none"> <li>Fever</li> <li>Immunosuppression</li> <li>IV drug use</li> <li>Recent infection, indwelling catheters (e.g., central line, Foley)</li> </ul>	<ul style="list-style-type: none"> <li>MRI<sup>c</sup></li> <li>ESR and/or CRP</li> </ul>
<b>Fracture</b>	<ul style="list-style-type: none"> <li>History of osteoporosis</li> <li>Chronic use of corticosteroids</li> <li>Older age (≥75 years old)</li> <li>Recent trauma</li> <li>Younger patients at risk for stress fracture (e.g., overuse)</li> </ul>	<ul style="list-style-type: none"> <li>Lumbosacral plain radiography</li> <li>For inconclusive results, advanced imaging as indicated</li> </ul>
<b>Cancer</b>	<ul style="list-style-type: none"> <li>History of cancer with new onset of LBP</li> <li>Unexplained weight loss</li> <li>Failure of LBP to improve after 1 month</li> <li>Age &gt;50 years</li> <li>Multiple risk factors present</li> </ul>	<ul style="list-style-type: none"> <li>MRI<sup>c</sup></li> <li>Lumbosacral plain radiography</li> </ul>

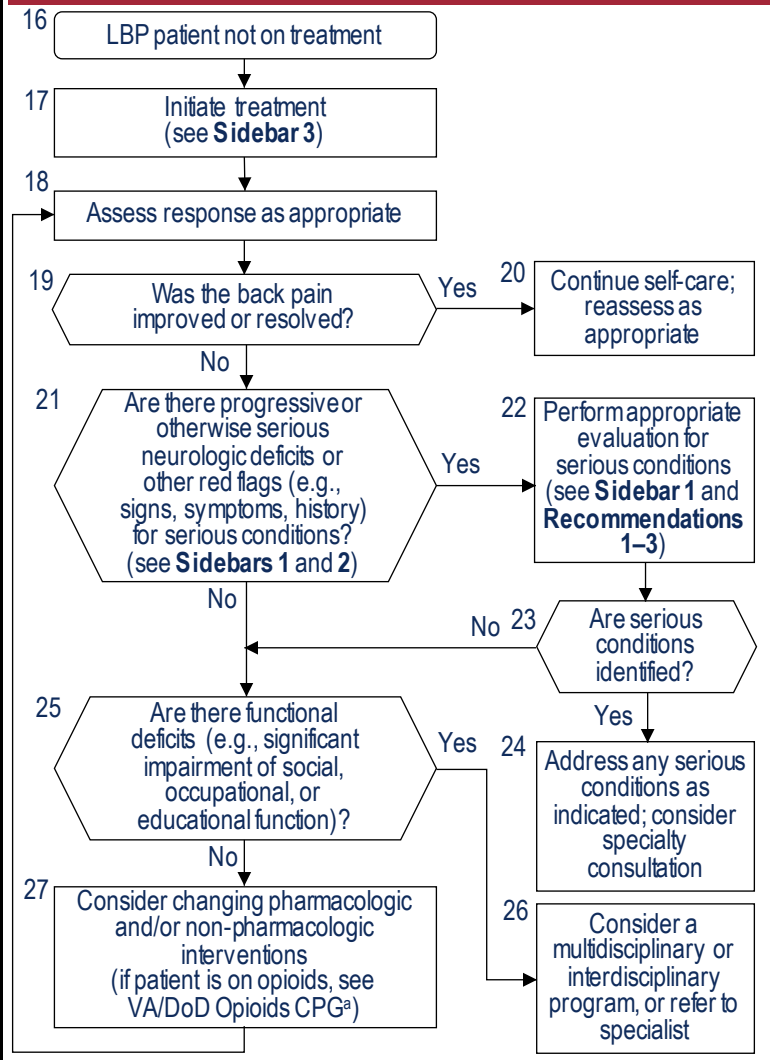
<sup>a</sup> Consider specialty consultation  
<sup>b</sup> MRI, except where contraindicated (e.g., patients with pacemakers), otherwise CT or CT myelogram  
<sup>c</sup> MRI without and with contrast, except where contraindicated (e.g., renal insufficiency)



Access to the full guideline and additional resources is available at: <https://www.healthquality.va.gov/>.

Abbreviations: CRP: C-reactive protein; CT: computerized tomography; ESR: erythrocyte sedimentation rate; IV: intravenous; LBP: low back pain; MBSR: mindfulness-based stress reduction; MRI: magnetic resonance imaging

**Module B: Management of Low Back Pain**



Possible Other Conditions	Red Flags (e.g., signs, symptoms, history)	Suggested Evaluation <sup>b</sup>
<b>Herniated disc</b>	<ul style="list-style-type: none"> <li>• Radicular back pain (e.g., sciatica)</li> <li>• Lower extremity dysesthesia and/or paresthesia</li> </ul>	None
	<ul style="list-style-type: none"> <li>• Severe/progressive lower extremity neurologic deficits</li> <li>• Symptoms present &gt;1 month</li> </ul>	MRI <sup>c</sup>
<b>Spinal stenosis</b>	<ul style="list-style-type: none"> <li>• Radicular back pain (e.g., sciatica)</li> <li>• Lower extremity dysesthesia and/or paresthesia</li> <li>• Neurogenic claudication</li> <li>• Older age</li> </ul>	None
	<ul style="list-style-type: none"> <li>• Severe/progressive lower extremity neurologic deficits</li> <li>• Symptoms present &gt;1 month</li> </ul>	MRI <sup>c</sup>
<b>Inflammatory LBP</b>	<ul style="list-style-type: none"> <li>• Morning stiffness</li> <li>• Improvement with exercise</li> <li>• Alternating buttock pain</li> <li>• Awakening due to LBP during the second part of the night (early morning awakening)</li> <li>• Younger age</li> </ul>	Radiography of pelvis, SI joint, and spine area of interest

<sup>a</sup> These conditions usually do not require urgent diagnostic evaluation  
<sup>b</sup> Consider specialty consultation  
<sup>c</sup> Some patients may have contraindications to MRI, contrast usually not required

Category	Intervention (listed alphabetically by category)	Low Back Pain Duration <sup>a</sup>	
		Acute <4 Weeks	Subacute or Chronic ≥4 Weeks
<b>Self-care</b>	Advice to remain active	X	X
	Acupuncture		X Recommendation 34
<b>Non-pharmacologic treatment</b>	CBT and/or MBSR		X Recommendation 8 and Recommendation 12
	Clinician-directed exercise program		X Recommendation 9
	Spinal mobilization/manipulation		X Recommendation 10
<b>Pharmacologic treatment</b>	Duloxetine		X Recommendation 18
	NSAIDs	X Recommendation 19	X Recommendation 19
<b>Other treatment</b>	Multidisciplinary or interdisciplinary program		X Recommendation 39

<sup>a</sup> Recommendations can be accessed in the full guideline. Available at: <https://www.healthquality.va.gov/>.



<sup>a</sup> See the VA/DoD Clinical Practice Guideline for the Use of Opioids in the Management of Chronic Pain. Available at: <https://www.healthquality.va.gov/>.



**Abbreviations:** CBT: cognitive behavioral therapy; CPG: clinical practice guideline; DoD: Department of Defense; LBP: low back pain; MBSR: mindfulness-based stress reduction; MRI: magnetic resonance imaging; NSAIDs: nonsteroidal anti-inflammatory drugs; SI: sacroiliac; VA: Department of Veterans Affairs