Michigan Quality Improvement Consortium
Clinical Practice Guideline Update Alert

Guideline: Management of Acute Low Back Pain in Adults

Released: March 2016

Updated recommendations include:

This guideline recommends assessment, diagnosis and treatment interventions for the management of acute low back pain in adults (low back pain present for up to 6 weeks).

Patients with low risk of serious pathology, i.e. no red flags (see below)

Testing/Assessment:

- Diagnostic tests or imaging usually not required
- Depression screening recommended (PHQ), since coincident depression worsens prognosis. (See MQIC Primary Care Diagnosis and Management of Adults with Depression guideline)
- Assess pain and function using a scale

Identification and management of potential/suspected serious pathology (red flags and high index of suspicion)

Cauda Equina Syndrome (severe or progressive neurologic deficit, recent bowel or bladder dysfunction, saddle anesthesia)
Management: Refer to emergency department for emergency studies and definitive care

Cancer (risks: age>50; insidious onset of pain; no relief at bedtime or worsening when supine; constitutional symptoms, e.g. fever, unexplained weight loss; male with diffuse osteoporosis)
Management: CBC urinalysis, ESR/C-reactive protein. If still suspicious, consider referral or imaging – negative lumbosacral x-rays do not rule out disease

Infection, e.g. epidural abscess, discitis, osteomyelitis (risks: steroid therapy; diabetes mellitus; immunosuppression; history of UTI, TB, HIV or other infection; no relief of pain at bedtime or worsening when supine; recent surgery or spinal instrumentation; insidious onset; history of IV drug use; severe or progressive neurologic deficit)
Management: CBC urinalysis, ESR/C-reactive protein. If still suspicious, consider referral or imaging – negative lumbosacral x-rays do not rule out disease

Spinal Fracture (risks: women age > 50; history of recent injury or cumulative trauma; history of steroid therapy, cancer, osteoporosis or ankylosing spondylitis)
Management: lumbosacral x-rays. After 10 days, if fracture still suspected or multiple sites of pain, consider CT or referral.

Epidural Hemorrhage (risks: Anticoagulation, recent spinal instrumentation or catheter, lumbar puncture)
Management: Refer to emergency department for emergency studies and definitive care; reversal of anticoagulation as needed.