



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Management of Acute Low Back Pain in Adults](#)

Released: March 2018

This alert provides a summary of updated recommendations. Refer to the complete guideline for all recommendations and level of evidence.

Updated recommendations include:

Patients with low risk of serious pathology, i.e., no red flags

Testing/Assessment:

Detailed history and physical exam, with attention to strength, reflexes, spine percussion, *segmental mobility.

Assess pain and function (activities of daily living; ability to work, exercise, and perform household tasks).

Medication Strategies:

Opioids are generally not indicated as first-line treatment, and early opioid use is associated with longer disability. If prescribed, limit to short-term (i.e., one week or less), and only after assessing for risk of addiction or misuse. Avoid co-prescribing opioids with benzodiazepines, muscle relaxants, or hypnotics due to high risk of respiratory depression or death. For more information on opioid prescribing, see [MQIC opioid guideline](#).

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

Cauda Equina Syndrome

Management: Refer to hospital emergency department for evaluation and definitive care

Cancer history of cancer or 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).

Epidural Hemorrhage

Management: Refer to hospital emergency department for emergency studies and definitive care; reversal or anticoagulation as needed.

*see MQIC low back pain tools