

# — CHRONIC LOW BACK PAIN —

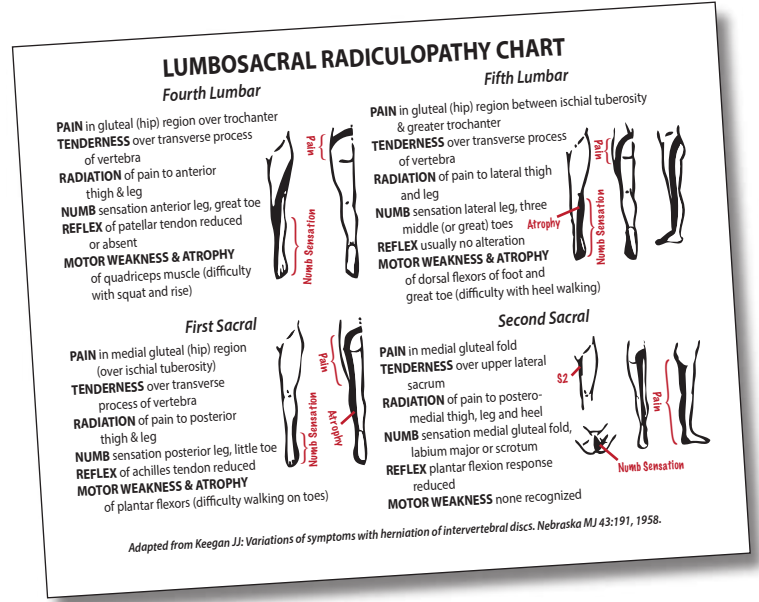
## PLAYBOOK FOR SUBACUTE/CHRONIC LOW BACK PAIN

**Pain > 4 weeks** → No → Return to **Acute Low Back Pain Algorithm**

\* Note that **acute** low back pain is typically defined as pain less than 4 weeks, **subacute** is 4 to 12 weeks, and **chronic** is greater than 12 weeks.

↓ Yes → **Obtain x-ray and ESR (consider CRP)** → Abnormal → Consider MRI and manage appropriately

- ↓ Normal
- FIRST LINE:**  
 NSAIDs (assess GI risk) (A)  
 Acetaminophen (A)  
 Physical therapy (A)  
 Exercise program (A)  
 Treat any depression (B)
- SECOND LINE:**  
 Tramadol (assess risk) (C)  
 Limited opioids (assess risk) (B)  
 Amitriptyline (B)  
 Duloxetine (Cymbalta) (A)
- UNKNOWN:**  
 Antiepileptics (gabapentin)  
 Benzodiazepines  
 Massage Therapy  
 Acupuncture  
 Spinal Manipulation  
 Ultrasound  
 Low-level laser therapy
- NOT HELPFUL:**  
 Avoid Bed rest (A)  
 No chronic muscle relaxers (B)  
 Oral steroids not helpful (B)  
 Traction no better than sham (B)  
 Glucosamine did not help (B)  
 TENS no better than sham (B)



↓ No → **Pain > 12 weeks?** → Yes → Consider referral to Pain Management or Physiatrists

↓ No → **Further testing and imaging?**

**— ABOUT MRI SCANS —**

- MRIs are superior to plain x-rays and CT scans
- However, MRIs will find many abnormal findings of questionable clinical significance
- In fact, many age match adults will also have significant abnormal MRI findings (but have no low back pain)
- To determine the clinical significance of an MRI abnormality, there needs to be correlating radicular pain and neurologic signs (see radiculopathy chart)

↓ Follow-up 1-2 weeks → **Radiculopathy?** → No ("non-specific LBP") → Further testing and imaging?

↓ Yes ("radicular LBP") → Obtain MRI → **Do MRI findings match radiculopathy?**

→ No → Consider second opinion. Consider EMG (but results are highly variable without motor weakness)

→ Yes → Consider epidural steroid injection → Not better → Neurosurgery Referral