

Low Back Pain/Neck Pain/Radiculopathy	Referral Guide: Page 1 of 1	Neurosurgery
Diagnosis/Definition: Low back pain Neck pain Radiculopathy		
Initial Diagnosis and Management: -Dx same as above. -Initial management-medical management including NSAIDS, pain medication, physical/occupational therapy. -Rule out other non-surgical etiologies.		
Ongoing Management and Objectives: If medical management as mentioned above for low back pain and radiating extremity pain after at least 6 weeks of management is unsuccessful then obtain ana MRI or CT scan (if MRI is not possible). Regular X-rays are not necessary.		
Indications for Specialty Care Referral: Indications for Specialty Care Referral: If there is a positive motor deficit of the upper-lower extremity in physical exam. If MRI/CT is positive for spinal stenosis, herniated disc, spondylolithesis, spinal mass, and malignant fractures. If acute back pain bowel and bladder incontinence-send to ED, not with a referral for neurosurgery clinic.		
Test(s) to Prepare for Consult: MRI or CT must be within 6 months of NSRG Clinic visit.	Test(s) Consultant May Need To Do: Dependent on the case.	
Criteria for Return to Primary Care: Negative work up. Follow UAs. If hematuria persists they will need to be re-evaluated in 6 months.		
Revision History: Created Revised		

Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.