



Clinical Guideline* | Low Back Pain

SUMMARY OF CLINICAL GUIDELINE	
Disease or Condition	Low Back Pain (non-traumatic, 18-50 years old)*
Guideline Title:	Noninvasive Treatments for Acute, Subacute, or Chronic Low Back Pain, April, 2017
Guideline Source:	American College of Physicians
Guideline Link	http://annals.org/aim/fullarticle/2603228/noninvasive-treatments-acute-subacute-chronic-low-back-pain-clinical-practice
Guideline Original Date	2007
Guideline Most Recent Revision Date	February 2017
CHC Review Dates	<p>Guidelines and Components in Summary above were reviewed and approved on 1/12/2018 by the Low Back Pain Workgroup. Recommendations for adoption referred to the Board of Managers for approval for review and approval at their 1/18/2018 meeting.</p> <p>Guideline Approval/Update/Revision Meetings:</p> <ul style="list-style-type: none"> • Approved 1/18/2018 • Revisions reviewed and approved January 21, 2021 • Will be reviewed with updates or at least every two years.
Implementation Components Identify component(s) of the guideline CHC should adopt.	<p>Key Components/Messages related to Acute or Subacute Low Back Pain:</p> <ol style="list-style-type: none"> 1. Self-care and education in all patients; advise patients to remain active and limit bedrest 2. Nonpharmacological treatments: Exercise, cognitive behavioral therapy, interdisciplinary rehabilitation 3. Medications: <ul style="list-style-type: none"> ○ First-line: acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDs); Second-line: Tramadol, Doloxetine, Steroids <p>Given that most patients with acute or subacute low back pain improve over time regardless of treatment, clinicians and patients should select nonpharmacological treatment with superficial heat (moderate-quality evidence), massage, acupuncture, or spinal manipulation (low-quality evidence). If pharmacologic treatment is desired, clinicians and patients should select Acetaminophen (Tylenol), OTC meds. Nonsteroidal anti-inflammatory drugs or skeletal muscle relaxants (moderate-quality evidence). (Grade: strong recommendation)</p> <p>Pharmacologic interventions:</p> <ol style="list-style-type: none"> 1) nonsteroidal anti-inflammatory drugs or skeletal muscle relaxants, over the counter Acetaminophen 2) tramadol or duloxetine as second-line therapy, consider opioids only after failed aforementioned treatments



Clinical Guideline* | Low Back Pain

<p><i>Continued</i></p>	<p>Nonpharmacological interventions:</p> <ol style="list-style-type: none"> 3) Interdisciplinary or multicomponent rehabilitation; psychological therapies; exercise and related interventions, such as yoga or tai chi; complementary and alternative medicine therapies, including spinal manipulation 4) acupuncture, and massage; passive physical modalities, such as heat, cold, ultrasound, transcutaneous electrical nerve 5) stimulation, electrical muscle stimulation, interferential therapy, short-wave diathermy, traction, LLLT, lumbar supports/braces <p>Source: Summary of the American College of Physicians guideline on noninvasive treatments for acute, subacute, or chronic low back pain.</p>
<p>Recommendations/ Other Considerations</p>	<ul style="list-style-type: none"> • For non-traumatic acute low back pain, do not order X-ray, CT/MRI as first line treatment/assessment or document any existing clinical indications. • Avoid prescribing costly therapies and those with substantial potential harms, such as long-term opioids, and pharmacologic therapies that were not shown to be effective, such as tricyclic antidepressants and selective serotonin reuptake inhibitors.
<p>CHC Adoption and Implementation Resources</p>	<p>http://annals.org/aim/fullarticle/736814/diagnosis-treatment-low-back-pain-ujoint-clinical-practice-guideline https://www.uptodate.com/contents/evaluation-of-low-back-pain-in-adults</p>
<p>Other Supplemental Documents <i>Supplemental documents to support guideline adoption and education</i></p>	<p>There are also several patient education articles relevant to this topic in UpToDate. UpToDate access is available from EPIC Hyperspace.</p> <ul style="list-style-type: none"> • Patient education: Low back pain in adults (Basics) • Patient education: Do I need an X-ray (or other test) for low back pain? (Basics) • Patient education: Low back pain in adults (Beyond the Basics)
<p>Quality Measures and Associated Programs <i>List of related current CHC and ACO quality measures</i></p>	<p>Blue Cross ACO measure:</p> <ul style="list-style-type: none"> ○ Patients 18-50 years old with a diagnosis of low back pain in Outpatient or Emergency Department visit ○ No imaging studies (plain x-ray, MRI or CT scan) within 28 days of the diagnosis ○ Excludes: Patients diagnosed with cancer, trauma, IV drug abuse or neurologic impairment
<p>Strategies to Improve Performance</p>	<ul style="list-style-type: none"> ○ Clinicians should reassure patients that acute or subacute low back pain usually improves over time regardless of treatment and should avoid prescribing costly and potentially harmful treatments. Systemic steroids were not shown to provide benefit and should not be prescribed for patients with acute or subacute low back pain, even with radicular symptoms.

Clinical Guideline* | Low Back Pain

	<ul style="list-style-type: none"> ○ Clinicians should advise patients with acute, subacute, or chronic low back pain to remain active as tolerated. ○ To improve scores on this measure: Start treatment for low back pain with select nonpharmacological treatment with superficial heat, massage, acupuncture, or spinal manipulation.
Coding and Documentation Tips	NA
HCC Coding and Documentation Tips	NA
CHC Low Back Pain Guideline Workgroup	<p>2020 Workgroup Participants:</p> <ol style="list-style-type: none"> 1. W. Earman, DO 2. M. Horton, MD 3. K. Kraker (Staff Lead)
Misc. References	<p>New ACP Guidelines for Nonradicular Low Back Pain</p> <ul style="list-style-type: none"> ● Veronica Hackethal, MD; February 13, 2017 https://www.medscape.com/viewarticle/875737
Rationale	<p>Lower back pain is one of the most common reasons for clinic visits in the United States. It is associated with increased healthcare costs as well as lost wages and decreased work productivity.</p> <p>Acute back pain generally lasts less than 4 weeks and usually resolves on its own. Subacute low back pain is defined as lasting 4 to 12 weeks, while chronic back pain lasts over 12 weeks. Up to 30% of patients report persistent low back pain up to 1 year after experiencing an acute episode.</p> <ul style="list-style-type: none"> ○ Excludes: Patients diagnosed with cancer, trauma, IV drug abuse or neurologic impairment

Last Revised: January 21, 2021

**These guidelines are provided only as “guides” or assistance for physicians making clinical decisions regarding the care of their patients and may not apply to all patients and all clinical situations. Thus, they are not intended to override clinicians' judgment. As such, they cannot substitute the individual judgment brought to each clinical situation by the patient’s physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations.*