

LUMBAR RADICULOPATHY REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - NEUROSURGERY & SPINE • 49 SPRING STREET, SCARBOROUGH, ME • (207) 885-0011

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Rapidly progressive motor loss
Bowel/Bladder incontinence/retention
Motor loss impairing safety
Perineal numbness
'Red Flags': signs of infection, significant weight loss/high cancer risk, recent trauma

SUGGESTED PREVISIT WORKUP

Lumbar MRI (contrast if previous surgery within 10 years)
CT scan if MRI contraindicated

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Mild motor loss greater than 4/5
Significant sensory deficit
Uncontrolled pain

SUGGESTED WORKUP

Lumbar MRI (contrast if previous surgery)
CT scan if MRI contraindicated

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Incidental finding of lumbar disc herniation on MRI with no neurologic deficit and minimal to no leg pain
Unilateral paresthesia
Back pain with no/mild leg involvement

SUGGESTED MANAGEMENT

Hold on MRI until trial of conservative care
Oral steroids, PT, manual medicine, analgesic support
Reassure most resolve with conservative care and time

CLINICAL PEARLS

- 80-90% will improve with conservative care.
- Surgery is rarely indicated prior to 6 weeks of conservative care with stable neuro exam.
- Monitoring patient beliefs about back pain is important to minimize delayed recovery.

Maine Medical
PARTNERS