

Low back pain (early management): overview

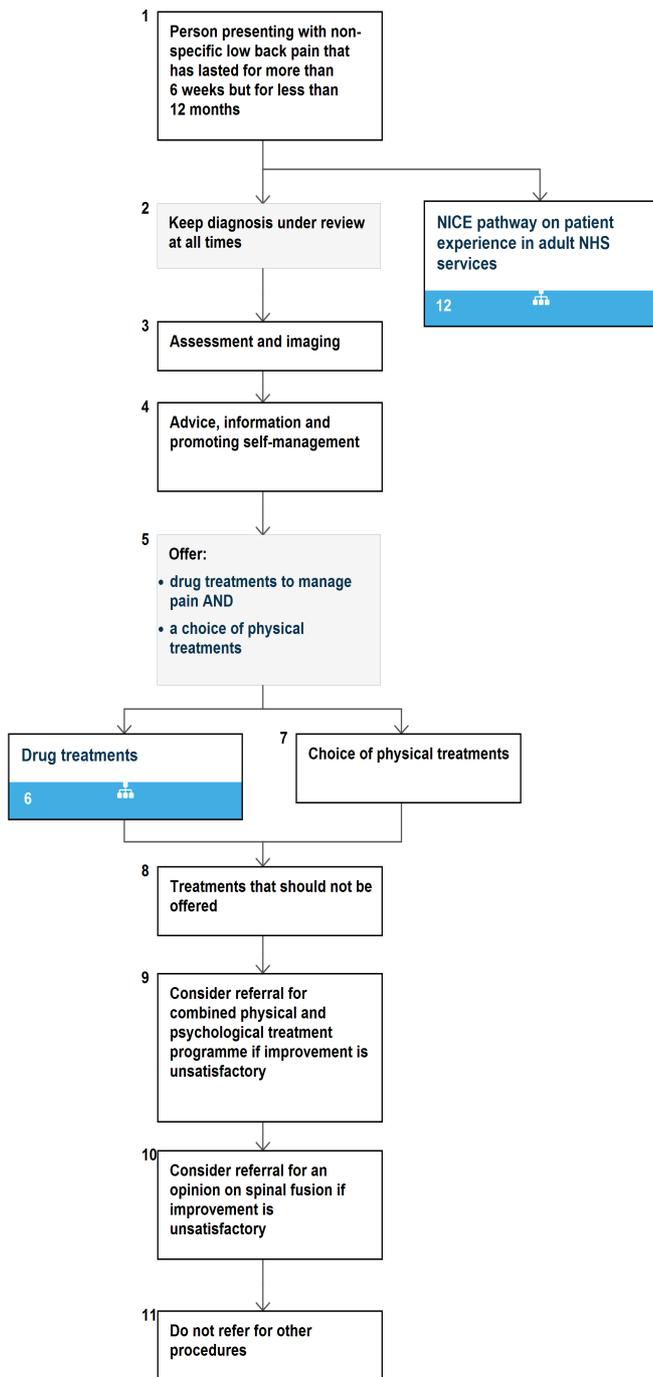
A NICE pathway brings together all NICE guidance, quality standards and materials to support implementation on a specific topic area. The pathways are interactive and designed to be used online. This pdf version gives you a single pathway diagram and uses numbering to link the boxes in the diagram to the associated recommendations.

To view the online version of this pathway visit:

<http://pathways.nice.org.uk/pathways/low-back-pain-early-management>

Pathway last updated: 11 September 2014. To see details of any updates to this pathway since its launch, visit: [About this Pathway](#). For information on the NICE guidance used to create this path, see: [Sources](#).

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1 Person presenting with non-specific low back pain that has lasted for more than 6 weeks but for less than 12 months

Specific causes of low back pain that are not covered in this pathway are malignancy, infection, fracture, and ankylosing spondylitis and other inflammatory disorders. A clinician who suspects that there is a specific cause for their patient's low back pain should arrange the relevant investigations.

2 Keep diagnosis under review at all times

No additional information

3 Assessment and imaging

Do not offer X-ray of the lumbar spine.

Only offer MRI for non-specific low back pain in the context of a referral for an opinion on spinal fusion (see [consider referral for an opinion on spinal fusion if improvement is unsatisfactory](#) [See page 5] in this pathway).

Consider MRI if one of these diagnoses is suspected:

- spinal malignancy
- infection
- fracture
- cauda equina syndrome
- ankylosing spondylitis or another inflammatory disorder.

4 Advice, information and promoting self-management

Provide advice and information to promote self-management.

Offer educational advice that:

- includes information on the nature of non-specific low back pain
- encourages normal activities as far as possible.

Advise people to stay physically active and to exercise.

Include an educational component consistent with this pathway as part of other interventions (but **do not offer** stand-alone formal education programmes).

When considering recommended treatments, take into account the person's expectations and preferences (but bear in mind that this will not necessarily predict a better outcome).

NICE has written information for the public explaining its guidance on [the early management of persistent non-specific low back pain](#).

5 Offer: drug treatments to manage pain AND a choice of physical treatments

No additional information

6 Drug treatments

[See Low back pain \(early management\) / Drug treatments for low back pain](#)

7 Choice of physical treatments

Offer one of the following treatment options, taking patient preference into account.

Structured exercise programme:

- up to 8 sessions over up to 12 weeks
- supervised group exercise programme in a group of up to 10 people, tailored to the person
- one-to-one supervised exercise programme only if a group programme is not suitable
- may include aerobic activity, movement instruction, muscle strengthening, postural control and stretching.

Manual therapy:

- course of manual therapy, including spinal manipulation
- up to 9 sessions over up to 12 weeks.

Acupuncture:

- course of acupuncture needling
- up to 10 sessions over up to 12 weeks.

If the chosen treatment does not result in satisfactory improvement, consider offering another of these options.

8 Treatments that should not be offered

Do not offer:

- selective serotonin reuptake inhibitors (SSRIs) for treating pain
- injections of therapeutic substances into the back
- laser therapy
- interferential therapy
- therapeutic ultrasound
- transcutaneous electrical nerve stimulation (TENS)
- lumbar supports
- traction.

9 Consider referral for combined physical and psychological treatment programme if improvement is unsatisfactory

Consider referral for a combined physical and psychological treatment programme, comprising around 100 hours over a maximum of 8 weeks, for people who:

- have received at least one less intensive treatment (see [choice of physical treatments \[See page 4\]](#) in this pathway) **and**
- have high disability and/or significant psychological distress.

Combined physical and psychological treatment programmes should include a cognitive behavioural approach and exercise.

10 Consider referral for an opinion on spinal fusion if improvement is unsatisfactory

Consider referral for an opinion on spinal fusion for people who:

- have completed an optimal package of care, including a combined physical and psychological treatment programme [See page 5] **and**
- still have severe non-specific low back pain for which they would consider surgery.

Offer anyone with psychological distress appropriate treatment for this before referral for an opinion on spinal fusion.

Refer the patient to a specialist spinal surgical service if spinal fusion is being considered. Give due consideration to the possible risks for that patient.

Interventional procedures guidance

NICE has published interventional procedures guidance on the following procedures:

- Transaxial interbody lumbosacral fusion (NICE interventional procedure guidance 387)
- Non-rigid stabilisation techniques for the treatment of low back pain (NICE interventional procedure guidance 366)
- Lateral (including extreme, extra and direct lateral) interbody fusion in the lumbar spine (NICE interventional procedure guidance 321)

11 Do not refer for other procedures

Do not refer people for any of the following procedures:

- intradiscal electrothermal therapy (IDET)
- percutaneous intradiscal radiofrequency thermocoagulation (PIRFT)
- radiofrequency facet joint denervation.

Interventional procedures guidance

NICE has published interventional procedures guidance on the following procedures:

- Peripheral nerve-field stimulation for chronic low back pain (NICE interventional procedure guidance 451)
- Percutaneous intradiscal electrothermal therapy for low back pain (NICE interventional procedure guidance 319)
- Percutaneous endoscopic laser lumbar discectomy (NICE interventional procedure guidance 300)
- Percutaneous disc decompression using coblation for lower back pain (NICE interventional procedure guidance 173)

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- [Percutaneous intradiscal radiofrequency thermocoagulation for lower back pain \(NICE interventional procedure guidance 83\)](#)

12 NICE pathway on patient experience in adult NHS services

[See Patient experience in adult NHS services / Patient experience in adult NHS services overview](#)

Glossary

COX-2

Cyclooxygenase 2

Manual therapy

The manual therapies reviewed by the Guideline Development Group were spinal manipulation (a low-amplitude, high-velocity movement at the limit of joint range that takes the joint beyond the passive range of movement), spinal mobilisation (joint movement within the normal range of motion) and massage (manual manipulation or mobilisation of soft tissues). Collectively these are all manual therapy. Mobilisation and massage are performed by a wide variety of practitioners. Manipulation can be performed by chiropractors and osteopaths, as well as by doctors and physiotherapists who have undergone specialist postgraduate training in manipulation.

MRI

Magnetic resonance imaging

NSAIDs

Non-steroidal anti-inflammatory drugs

Sources

Low back pain. NICE clinical guideline 88 (2009)

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of

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