



University of Pittsburgh Medical Center: Chiropractic and Medical Options before Back Surgery

The UPMC network includes 15 hospitals in western Pennsylvania and 3 abroad.

Important Points of the UPMC Policy:

- New guidelines regarding treatment of chronic low back pain before authorizing back surgery, patients must have tried and failed 3-months of conservative care including physical therapy, chiropractic, and medication.
- Patients must receive conservative chiropractic and physical therapy before high-tech imaging such as CT or MRI will be authorized.
- Why this approach? Most cases of even chronic low back pain will begin to respond to chiropractic within just 2-4 weeks of starting treatment. Because even severe back pain often resolves without more expensive imaging and treatments including surgery, the cost savings to insurance companies and society may be huge. Generally, conservative treatments are also much safer.
- The model of chiropractors working with medical doctors to improve patient outcomes is a relatively new and welcome change in the healthcare industry. Shining examples of cooperation include chiropractic in Armed Services treatment facilities such as the National Naval Medical Center at Bethesda, at Veterans Administration facilities, and at a growing number of hospitals and group practice centers throughout the US.

Facts on Low Back Pain:

- Low back pain can be caused by a variety of conditions, although in some cases no specific etiology may be identified.
- As part of the normal aging process, degenerative changes occur in the spine and these can lead to chronic low back pain. Degenerative disc disease can usually be treated successfully with conservative management (such as medications, Chiropractic manipulations, and physical therapy).
- Surgery for chronic low back pain is indicated only in a small proportion of patient and should only be considered after several conservative therapies have failed.
- Evidence today is insufficient to determine whether spinal surgery is more effective in situations without documented obstructions or spinal instability in improving back pain or quality of life compared to intensive exercise/rehabilitation plus cognitive behavioral therapy in patients without previous back surgery.

UPMC Policy:

Conservative Management includes the following:

1. Non-Pharmacologic Therapy:
 - a. PCP discussion related to self-care consisting of rest, ice, compression and elevation
 - b. Screening for psychosocial factors or “yellow flags” and incorporate behavioral interventions as appropriate with other treatment interventions
 - c. Education of self-management techniques – functional ability assessment and education on return to work/usual activity and function
 - d. Completion of shared decision-making module
 - e. Enrollment and graduation from UPMC Health Plan Low Back Pain Program which may also include participation in other programs such as weight loss, physical activity, tobacco cessation depression and/or stress management
2. Pharmacologic Therapy:
 - a. Acetaminophen, NSAIDS or COX-2’s as first line therapy and other muscle relaxants and prescription medications as appropriate second line therapy
 - b. Injection therapies such as lumbar epidural steroid injections, facet joint injections (considered only if the above program has failed or the patient is not interested in surgery)
3. Early referral to chiropractor or physical therapist, but before advanced imaging, for:
 - a. Manipulation, mobilization
 - b. Stabilization exercises
 - c. Directional preference strategies – member and/or provider movements that abolish or cause centralization of pain
 - d. Traction – with radicular symptoms or failure to centralize
4. Referral to surgical spine specialist (neurosurgeon/orthopedic specialist) for possible surgery of no improvements after 3 months of onset of symptoms after chiropractor/physical therapy conservative management course of treatment. A pre-surgical review should include all of the following:
 - a. Evidence of an active rehab program
 - b. A discussion concerning the surgical treatment that should include short and long-term outcomes
 - c. There should be an identified mechanical problem causing the pain
 - d. Evidence that the patient has completed conservative management as delineated AND
 - e. The Surgery must be appropriate to correct the problem

Further Reading:

1. The 2012 University of Pittsburgh Medical Center Health Plan Guidelines for surgical management of chronic low back pain are posted online at: <http://www.upmchealthplan.com/pdf/PandP/MP/043.pdf>
2. In 2004 the Department of Veterans Affairs first announced 26 sites where veterans could receive chiropractic, and the number has grown since that time: <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=837>
3. More and more US Hospitals have chiropractic staffs, and even work in emergency room departments: <http://www.dynamicchiropractic.com/mpacms/dc/article.php?id=15395>
4. Across the US and even Canada chiropractors are joining in collaborative practice arrangements including group practices and work in community health centers: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1839934/>