Christiana Care Urgent Referral Providers for Acute Lumbar Radiculopathy

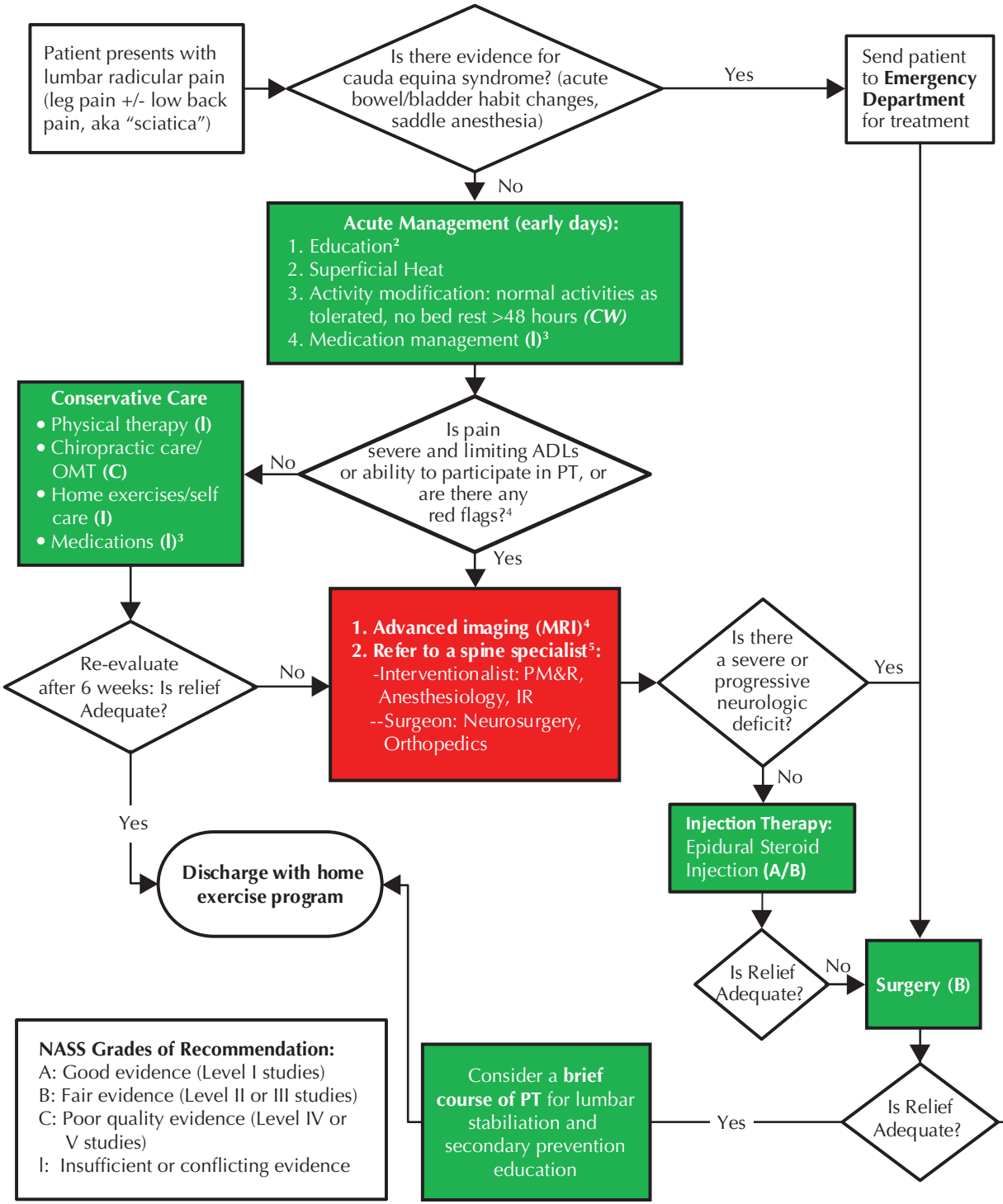
CHRISTIANA CARE HEALTH SYSTEM

Urgent lumbar disc herniation and radiculopathy pathway patients (those with severe pain, progressive neurologic deficit or other red flags) will be seen within one week of referral. The patient or provider requesting the appointment should identify the patient as an acute radiculopathy pathway patient (or "pathway patient").

Please contact Lori Czajkowski if you have difficulty getting an appointment.
302-733-5967 / loczajkowski@christianacare.org

GROUP	CONTACT NUMBER FOR URGENT REFERRAL	PROVIDERS
AdvanceXing Pain and Rehabilitation	302-384-7439	Selina Xing, M.D. (PM&R-Pain)
Center for Interventional Pain and Spine	302-477-1706	Philip Kim, M.D.; Chee Woo, M.D. (Anesthesiology-Pain)
Christiana Care Interventional Radiology	302-733-1487	Sudhakar Satti, M.D.; Thinesh Sivapatham, M.D.; Gregg Zoarski, M.D.; Barbara Albani, M.D. (Interventional Radiology)
Christiana Spine Center	302-623-4144	Tony Cucuzzella, M.D.; Elva Delport, M.D.; Ann Kim, M.D.; Nancy Kim, M.D.; Yong Park, M.D.; Scott Roberts, M.D. (PM&R-Spine/Pain)
Christiana Spine Consultants	302-623-4004	Rush Fisher, M.D. (Orthopaedics-Spine)
Comprehensive Spine Center	302-734-7246	Ganesh Balu, M.D. (PM&R-Pain)
Delaware Back Pain and Sports	302-733-0980	Barry Bakst, D.O.; Stephen Beneck, M.D.; Arnold Glassman, D.O.; Rachel Smith, D.O.; Craig Sternberg, M.D. (PM&R-Spine/Pain)
Delaware Neurosurgical Group	302-366-7671	Leif-Erik Bohman, M.D.; Paul Tymour Boulos, M.D.; Matthew Eppley, M.D.; Pawan Rastogi, M.D.; Pulak Ray, M.D.; Michael Sugarman, M.D.; Kennedy Yalamanchili, M.D. (Neurosurgery-Spine)
Delaware Orthopaedic Specialists	302-655-9494	Mark Eskander, M.D. (Orthopaedics-Spine)
First State Orthopaedics	302-731-2888	Bruce Rudin, M.D.; James Zavlasky, D.O. (Orthopaedics-Spine) James Moran, D.O. (PM&R-Pain)
Neurosurgery Consultants	302-738-9145	Bikash Bose, M.D. (Neurosurgery-Spine)

Christiana Care Spine Work Group: Lumbar Disc Herniation and Radiculopathy Pathway



1. **Lumbar Disc Herniation and Radiculopathy:** localized displacement of disc material beyond the normal margins of the intervertebral disc space resulting in pain, weakness or numbness in a myotomal or dermatomal distribution
2. **Natural History: NASS Work Group Consensus Statement:** "In the absence of reliable evidence relating to the natural history of lumbar disc herniation with radiculopathy, it is the work group's opinion that **the majority of patients will improve independent of treatment. Disc herniations will often shrink/regress over time.** Many, but not all, papers have demonstrated a clinical improvement with decreased size of disc herniations"
3. **Medication Management (I):** given the natural history of this condition, utilize the lowest effective dose for the shortest possible period of time. Start with non-opiates. Evidence for oral medications for lumbar radiculopathy is extremely limited. These are spine work-group recommendations. Medication management needs to be tailored to the patient with careful consideration of comorbidities and risks/side effects of medication use:
   - NSAIDs; take risk factors into account (GI, renal, cardiovascular, and cerebrovascular history; age), consider gastro-protective agent
   - Consider neuropathic agent (such as gabapentin) for radicular pain
   - Consider short course of oral corticosteroids for severe pain (caution with diabetics)
   - Muscle Relaxants: warn of sedation
   - Weak opioids or tramadol---only if non-opioids are contraindicated or ineffective---avoid routine use---avoid tramadol if on SSRI/SNRI (serotonin syndrome)---be aware of new DE controlled substance regulations
4. **Imaging:** MRI is the preferred modality **(A)**. CT if MRI contraindicated. If surgery is indicated, consider a CT myelogram.-NASS/***CW***: Don't recommend advanced imaging (e.g., MRI) of the spine within the first six weeks in patients with non-specific acute low back pain in the absence of red flags. **Red flags include, but are not limited to: trauma history, unintentional weight loss, immunosuppression, history of cancer, intravenous drug use, steroid use, osteoporosis, age > 50, focal neurologic deficit and progression of symptoms.**
   -The work group considers severe pain to be a red flag
5. **Urgent Referral Network** – see reverse side

CW = Choosing Wisely Campaign Recommendation
NASS = North American Spine SocietyPatient