**Scenario 2. Back or neck pain with radicular symptoms (eg sciatica or brachialgia / arm pain) or neurogenic claudication[[1]](#footnote-1) > 6 weeks. No red flags or neurological deficit.**

*Examples of Causes: Degenerative lumbar or cervical disc disease, or lateral recess stenosis; causing irritation of nerve roots*

1. **GP.** Patient presents with back (usually lower) or neck pain but with radicular symptoms (or neurogenic claudication). No red flags or neurology. Patient should be reviewed initially by GP.
2. **GP refers to Physio**. – if symptoms for more than 6 weeks. To be seen by physio in less than 2 weeks,
3. **MRI. Physio may request routine MRI** – **if symptoms persist for another 6 weeks** **(ie 12 weeks from start).** It should occur within 4 weeks and be reported within 48 hours. The MRI should be requested in the hospital where the patient would be referred for consultation if appropriate. For example, if a patient is from Nuneaton then GP to refer to GEH for a scan. GP should review the scan after reporting.
4. **Physio may refer to NS/T&O, if necessary**. Physio referral to NS/T&O may be needed if symptoms persist, conservative care has not worked, and MRI is normal. If referred, patient should be seen in 4 wks from referral. If patient does not need to be seen physio will decide on treatment plan, involving other colleagues as appropriate - and sends report to GP.

**Follow-up**

* 85% of radicular symptoms settle down in 6 weeks of onset of symptoms. If radicular arm or leg pain do not settle within further 6 weeks, physio may request MRI. If symptoms then settle whilst waiting for MRI, physio may cancel / postpone MRI
* If MRI done and physio (or GP) refers to NS/T&O, surgeon reviews patient and MRI, with a view to surgery or a nerve root injection
* If no surgical target on MRI, the patient should be discharged back to their physio (or GP). Further onward referral to colleagues (eg pain management) is the responsibility of the initial referrer.
* Sinister pathology / red flags (tumour, infection, fracture; or Spinal Cord Compression or Cauda Equina Syndrome) is unlikely in this clinical scenario. If MRI done and such pathology present, the physio (or GP) should discuss with NS (at UHCW) registrar on bleep 2300 (unless a Wednesday when it’s a T&O registrar on bleep 2699), or T&O registrar if patient is not at UHCW. They can decide whether patient is be seen urgently in the Emergency Dept (ED)

= Back or neck pain relived by sitting

1. [↑](#footnote-ref-1)