## 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.