

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF INDUSTRIAL ACCIDENTS

Neck and Back Injuries Conservative Treatment Guideline (Up to 12 Weeks from Date Treatment Commences)

Revised October 2014

I. **Background:**

- A. The guideline for the diagnosis and treatment of spinal injuries is a consensus document, not a scientific treatise on the subject. For this reason the guideline must be broad enough to incorporate a wide range of diagnostic and treatment modalities. This allows for philosophical and practice differences between the various licensed health care practitioners in the state of Massachusetts.
- B. Some of the conservative treatment modalities dealt with in this guideline are rest, medication, immobilization, mobilization, manipulation, spinal adjustment, massage, physical agent modalities, rehabilitation and education.
- C. This guideline is meant to cover the majority of tests and treatments. It is expected that approximately 10% of cases will fall outside this guideline and require review on a case by case basis.

II. **Exclusions:**

- A. Concurrent unexplained fever over 48 hours
- B. Neoplasm
- C. Severe trauma - such as fracture or ligamentous injury
- D. Documented specific diagnoses (rheumatoid arthritis, herniated disc, spinal stenosis, spondylolisthesis, congenital fusion, diastematomyelia, hemivertebra, spinal osteomyelitis, prior spinal surgery at the same level.)
- E. A history of documented severe radicular pain and paresthesias related to neck movement and physical findings displaying motor weakness and reflex changes.
- F. Impaired bowel and bladder function
- G. Increasing pain and/or symptoms, despite treatment

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III. Diagnostic and Treatment Measures (Up to 6 weeks from date treatment commences):

A. Diagnostic Tests: - Allowed

- 1. X-rays:**
 - a. Back - Maximum 4 views (one study Allowed)**
 - b. Neck - Maximum 5 views (one study Allowed)**

B. Diagnostic Tests: - Not Allowed

- 1. CT, MRI, Bone Scan**
- 2. Computer Back Testing (CBT)**
- 3. All EMG and Nerve Conduction Studies**
- 4. Functional Capacity Evaluation (FCE)**
- 5. Work Capacity Evaluation (WCE)**
- 6. Thermogram**
- 7. Myelogram**
- 8. Evoked Potentials**

C. Outpatient Treatment - Allowed (Within scope of license):

- 1. Medical office treatment sessions - maximum 4 visits in first 6 weeks**
- 2. Physical therapy treatment sessions - maximum 18 visits in first 6 weeks**
- 3. Occupational therapy treatment sessions - maximum 6 visits in first 6 weeks**
- 4. Chiropractic treatment sessions - maximum 18 visits in first 6 weeks**
- 5. Bedrest - maximum 2 days**
- 6. Prescribed non-narcotic analgesics: muscle relaxants, nonsteroidal anti-inflammatory drugs**
- 7. Narcotics - maximum 5 day course**
- 8. Trigger point injection - maximum 2 injections within 4 weeks**
- 9. Lumbar support**
- 10. Cervical collar**
- 11. Traction (Neck)**
- 12. Manual therapy/spinal adjustment/manipulation**
- 13. Therapeutic exercise (under the direct supervision of a licensed healthcare provider)**
- 14. Patient education including activities of daily living, joint protection techniques, and back pain recovery and prevention - encouraged**
- 15. Modified work activity through the recovery process - encouraged**
- 16. Physical agents and modalities (e.g., heat/cold, electrical stimulation, iontophoresis/phonophoresis, ultrasound, fluorimethane) maximum of 2 allowed per treatment session**

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D. Outpatient Treatment - Not Allowed

1. Facet injection
2. Epidural block
3. Spinal Traction (Back)
4. Physical agents and modalities (e.g., heat/cold, electrical stimulation, iontophoresis/phonophoresis, ultrasound, fluori-methane) if only treatment procedure

E. Inpatient Treatment - Not Allowed

- F.** For patients treated by more than one discipline (physical therapy, occupational therapy, allopathic medicine and chiropractic), similar services should not be duplicated.

IV. Diagnostic and Treatment Measures (From 7 to 12 weeks from date treatment commences):

Inclusions/Qualifications:

Persistent patient conditions for entry into this guideline:

1. Return to part or full time work with limiting symptoms
2. Symptoms unimproved over 3 weeks with treatment
3. Not back to work with symptoms (supported by objective findings)
4. Symptoms over 2 weeks without treatment

A. Diagnostic Tests - Allowed (unless previously taken)

1. X- rays:
 - a. Back - Maximum 4 views (one study Allowed)
 - b. Neck - Maximum 5 views (one study Allowed)
2. FCE or WCE (one study Allowed):
Must be supported by objective findings and measurements

B. Diagnostic Tests - Not Allowed

1. CT, MRI, Bone Scan*
2. Computer Back Testing (CBT)
3. All EMG and Nerve Conduction Studies
4. Thermogram
5. Myelogram
6. Evoked Potentials

***Exception:** An MRI, CT Scan or Bone Scan (one study) is Allowed under the following circumstances:

1. an emergency, serious, underlying medical condition; or
2. physiological evidence of neurological dysfunction; or
3. failure to progress or respond

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- C. Outpatient treatment - Allowed (within scope of license)**
1. Medical office treatment sessions- maximum 2 visits between weeks 7 and 12
 2. Occupational therapy treatment sessions - maximum 10 visits between week 7 and 12
 3. Physical therapy treatment sessions- maximum 10 visits between weeks 7 and 12
 4. Chiropractic treatment sessions- maximum 10 visits between weeks 7 and 12
 5. Prescribed non-narcotic analgesics, muscle relaxants, non-steroidal anti-inflammatory agents
 6. Traction (Neck)
 7. Trigger point injection - Maximum of one between weeks 7 and 12 only
 8. Manual therapy/spinal adjustment/ manipulation
 9. Physical agents (heat/cold, electrical stimulation, iontophoresis/phonophoresis, ultrasound, flouri-methane) - maximum of 1 Allowed per treatment session
- D. Inpatient treatment - Not Allowed**
- E. Outpatient treatment procedures - Not Allowed**
1. Scheduled narcotic medication
 2. Spinal Traction (back)
 3. TENS
 4. Physical agents (heat/cold, electrical stimulation, iontophoresis/phonophoresis, ultrasound, flouri-methane) - Not Allowed as the only treatment
- F. Patient education and activities of daily living, joint protection techniques and monitored exercise - encouraged**
- G. Activity - formal employer contact for transitional/modified work availability- encouraged**
1. For patients treated by more than one discipline (physical therapy, occupational therapy, allopathic medicine, and chiropractic), similar services should not be duplicated.
 2. For treatment beyond 12 weeks from date treatment commences, see **Chronic Neuromusculo-Skeletal Injury Guideline or Chronic Pain Guideline.**