

Madigan Army Medical Center Referral Guidelines

Lumbar Spinal Stenosis

Diagnosis/Definition:

Lumbar spinal stenosis is a narrowing of the lumbar spinal canal, lateral recesses, or foramina.

Initial Diagnosis and Management

Symptoms from lumbar spinal stenosis include lumbar pain, lumbar and/or sacral radiculopathy, cauda equina syndrome, and neurogenic claudication.

- The differential diagnosis includes:
 - Expansive disorders of bone: Paget's, metastases, primary bone tumors
 - Congenital and developmental: as can be dramatic in dwarfs
 - Cysts: as neural cysts, synovial cysts, and tumor cysts
 - Discogenic: degenerative or traumatic
 - Spinal disorders: DISH (Diffuse Idiopathic Skeletal Hypertosis), ankylosing spondylitic, rheumatoid arthritis
 - Spondylolisthesis
 - Fractures
 - Spondylitic: by far the most common

- Initial management includes:
 - History and physical examination
 - Plain lumbosacral spine radiographs

If there are abnormal neurologic findings on examination or substantive problems on plain spine imaging, then an MRI should be obtained. If there is a suspicion of tumor on history, exam, or radiographs, then the MRI should be without and with contrast.

Ongoing Management and Objectives

For degenerative disc disease and lumbar spondylosis, anti-inflammatory drugs (if there is no contraindication) and physical therapy are first-line therapies. Analgesics may be used with discretion. The objective is to regain function for home/family and work without the need for chronic analgesics or chronic anti-inflammatory drugs.

Indications for specialty care

Please refer for specialty evaluation if there are abnormal neurologic findings on exam (new and referable to the abnormality at issue), neurogenic claudication, fracture, cyst, tumor, Paget's,

ankylosing spondylitis, or DISH. If there is radicular pain in the absence of abnormal exam findings, then aggressive conservative management should be completed for at least 4 weeks prior to specialty referral.

Criteria for Return to Primary Care

If surgery is not indicated and conservative therapy may be followed at the primary care level. If surgery and post-operative stabilization have been completed.

References:

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Last Review for this Guideline: **November 2012**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division

Clinical Practice and Referral Guidelines Administrator