

CARE PATH 2

CERVICAL SPINE (NECK INJURY) HERNIATED DISC/RADICULOPATHY

**HERNIATED DISC with or without
RADICULOPATHY**

**SOFT TISSUE INJURY
(STRAIN/SPRAIN/CONTUSION)
with
RADICULOPATHY**

**HERNIATED DISC with
RADICULOPATHY and SEVE
NEUROLOGICAL COMPRESS
or COMPROMISE**

**Conservative Therapy
(up to 2-4 weeks)**

Includes:

- Provider office visits (up to 5)
- Medications¹
- Bed rest (maximum 1-2 days)
- Increasing exercise
- Consider PT program (2-3 times per week for 2-4 weeks)³

Referral to Neurology,
Physiatry, Neurosurgery, c
Orthopedic Surgery

**Diagnostic Evaluation
(if not conducted previous)**

- MRI
- CT
- Myelogram
- Discogram

**Test Result
(-)**

◆ Go To
Conservativ
e Therapy

**Test Result
(+)**

**Progressive
Neurologic
Deficit?**

YES

NO

DISC SURGERY

**Post-Surgical PT
2-3 times a week for
4-6 weeks**

2-4 WEEKS POST INJURY

**Improvement
in symptoms
based on
objective
findings?**

NO

**Improved
within 6
weeks?**

NO

YES

YES

**Continue
Conservative
Therapy**

Diagnostic Evaluation

May include:

- EMG (if the diagnosis of radiculopathy is obvious & specific on clinical examination, EMG testing is not recommended)
- SEP
- MRI or CT

Continue PT

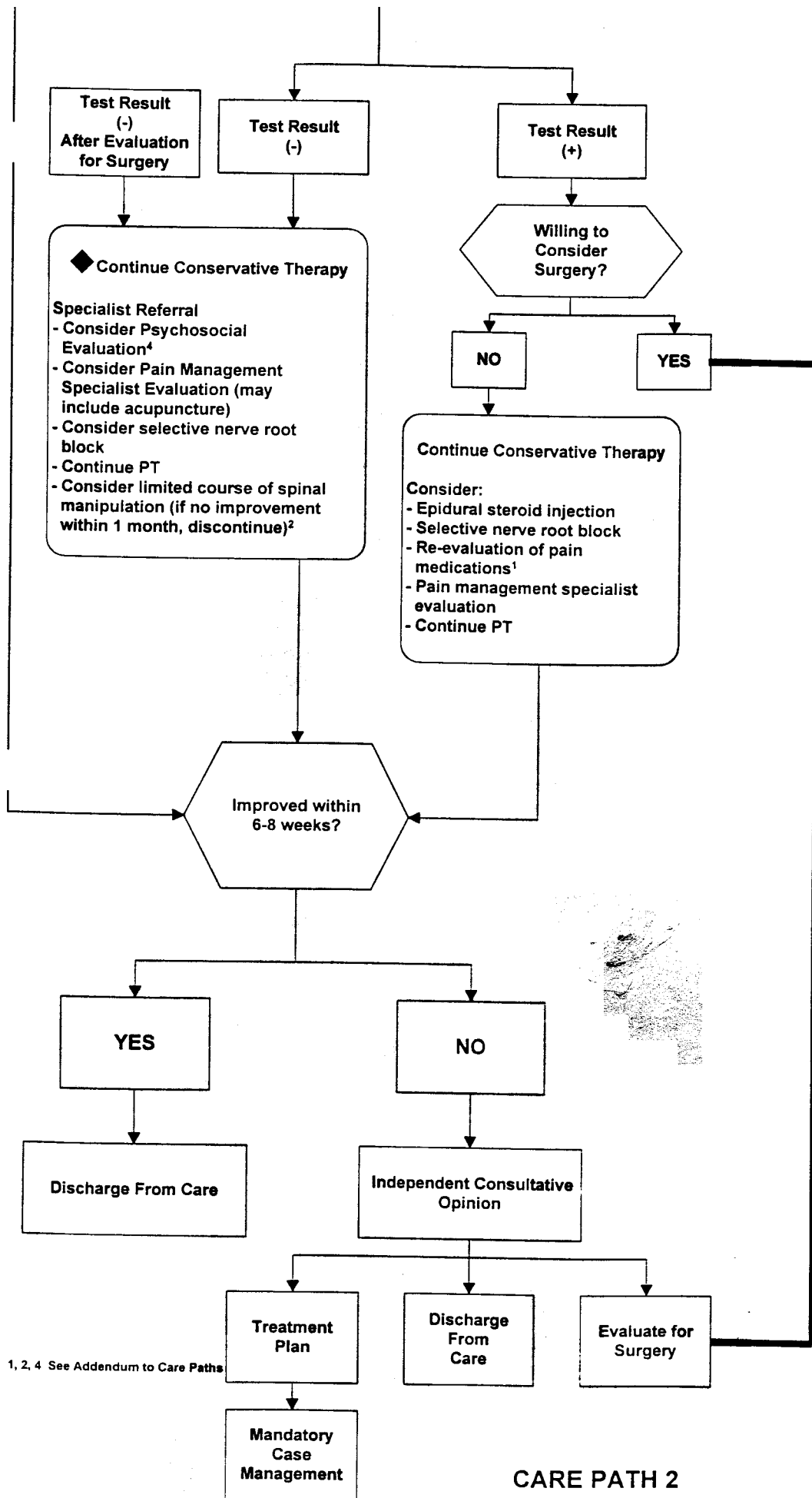
**Disch
from**

**Improved
within 12
weeks?**

NO

YES

1, 3 See Addendum to Care Paths



ICD-9 CODES

- 722.0
- 722.2
- 722.70
- 722.71
- 728.0
- 739.0
- 953.0

NOTE: These Care Paths identify typical courses of intervention. There may be patients who require more or less treatment. However, cases that deviate from the Care Paths may be subject to more careful scrutiny and may require documentation of the specific circumstances. Treatments must be based on patient need and professional judgment. Deviations may be justified by individual circumstances, such as existing conditions and/or comorbidities. The Care Paths are only intended for use when the injury is caused by a motor vehicle accident (MVA). If at any point in the decision making process the health provider finds evidence that the injury was not caused by a MVA, the provider must contact the patient's carrier and medical insurance carrier.

1, 2, 4 See Addendum to Care Paths

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