



# Herrick & Associates Newsletter

Anna Herrick, RN, CLNC

Email: [annarn4justice@gmail.com](mailto:annarn4justice@gmail.com)

[www.herrickclnc.com](http://www.herrickclnc.com)

Phone: 989-233-8679

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## What to Look For in Back and Neck Pain Cases

One out of ten patients go to the Emergency Room for common and self limiting back and neck problems. There are three classifications and causes of back and neck pain. The first is traumatic including falls, motor vehicle accidents, and blunt force trauma. The second is mechanical and this includes overuse, heavy construction jobs or heavy laborious jobs, and disuse syndrome meaning standing in one position for long periods of time. The third is non mechanical and this involves organic sources including internal structural defects within the spinal column. First thing to look for is what was documented that the patient was doing when the back pain was first noticed. Then look on the chart for NEXUS Criteria.



NEXUS criteria is a standard of care and must be done the first time the patient sees any doctor in the ER or the doctor's office for back pain, whether it is one or three days after the onset of pain. NEXUS criteria is low risk criteria for C-spine radiography in patients with blunt trauma in adults. This does not apply to pediatric patients because the criteria is not reliable in children. The patient must meet all five criteria:

- Absence of tenderness at the posterior midline of the cervical spine or (back of the neck)
- Absence of a focal or localized neurological deficit
- Normal level of alertness
- No evidence of intoxication
- Absence of clinically apparent pain that might distract the patient from the pain of a neck injury

The doctor should document the length of time since the onset of the pain. The duration for pain in acute patients is 0-6 weeks, Subacute-6-12 weeks and Chronic-longer than 12 weeks. They should document frequency of symptoms, presence and severity of neurologic involvement, what makes the pain worse, and what provides relief. There should be evidence of diagnostic testing in the presence of neurologic deficits.

Malingering is detected by the presence of 3 of any of the following 7 tests the doctor can do in the office.

- Exaggerated reaction to being slightly touched on the skin
- Tenderness crosses multiple somatic boundaries or there is vagueness about pinpointing location of pain
- Person reports low back pain when the doctor pushes down on the top of their head
- Pain is reported in lower back or back of thigh with decreasing pain as the doctor continues to raise the leg or patient reports severe pain with 10 degree flexion of the leg yet he presents with no apparent disability
- Patient reports regional sensory changes or global numbness distribution (numbness should be localized to a certain area or extremity)
- Patient has normal muscle strength testing but reports sudden and non localized weakness
- Exaggerated non reproducible reaction to a stimulus

Look for these tests on the chart when screening a case for merit.

I would be remiss if I didn't warn you to look at the history of the patient. There could be an underlying infection or disease process taking place. Watch for repeated visits to the doctor and he treats the patient for the

same illness time after time without referral to pain clinic, you find no consultations from other physicians on the chart, no radiology tests or lab tests. Look for patient complaints of fever, burning on urination with complaints of low back pain, or complaints of the most severe headache they have ever had. People have been known to die from urinary tract infections with systemic sepsis, and a red flag for meningitis is when they say they have the most severe headache they have ever had. There should be a lumbar puncture documented on the chart to rule this out.

I have only scraped the surface in this area and in the future will supply you with more information on back and neck injuries but I hope this will help you when you are scrutinizing your charts for merit in those who present with complaints of back pain or injuries of the spine.

One little trick you can do yourself when you interview a client is accidentally bump a pen or some small object off your desk in the direction of the client. Many times a malingerer will lean down without thinking and pick it up for you without any evidence of pain or limitations.



### Resources

Vicki Mallazo Institute of Certified Legal Nurse Consulting

Associations and organizations: American Academy of Family Physicians (AAFP) [aafp.org](http://aafp.org)

American Pain Society [ampainsoc.org](http://ampainsoc.org)

Authoritative textbooks: Whelan, P. *Official Disability Guide, Thirteenth Edition*. Encinitas, CA: Work Loss Data Institute, 2008.

Herrick & Associates is located in Saginaw, MI and takes cases from all over the country. The Company was Founded by Anna Herrick, RN, CLNC . She is also a member of the National Alliance of Certified Legal Nurse Consultants® and works with specialists to give you the best chance of an optimal outcome of your case.

**Next Month: I will address vascular issues and problems that can arise and lead to death or permanent brain injury.**

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