



of patients with a diagnosis of low back pain (LBP) and sciatica (Sci) were performed from two to six months following the onset of LBP. N

also (10 patients) were also performed with the EMG in the LBP and Sci

Results: The EMG in the LBP and Sci patients showed significant abnormalities in the motor unit components of the spinal nerve roots.

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LBP were reviewed. These patients were selected from a group of

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examinations, as in our Group 2 patients, requires elucidation. Some of our patients with this type of clinical presentation in the cervical and lumbar spine had been involved in motor vehicle or work-related accidents. Some patients reported an intermittent vague numb-like and cool sensation and sometimes red discoloration or pallor in the affected extremity without allodynia (personal observation by the authors). Such symptoms are likely generated through the sympathetic nerve components of the SVN, which originate from the rami communicants' and provide the afferent pathways of discogenic low back pain. In such cases, thermal imaging (also known as thermography), a non-invasive but non-localizing procedure, albeit controversial, can be useful in demonstrating the effect of sympathetic nerve dysfunction in the upper and lower extremities [18]. This procedure was not performed in our study.

Our study had limitations. It was a retrospective study, and the number of patients included was small; hence, our findings should be considered with caution. Moreover, the patients in Group 1 and 2 patients with HD's, if followed for an extended period, might have developed clinical and EMG signs of nerve root impingement as the in our