



# Low Back Pain

Imaging for low back pain (LBP) within the first six weeks of onset, with the absence of red flags, should be *avoided*, as it has *not* been shown to improve outcomes. *American College of Physicians, Choosing Wisely®*

## Use of Imaging Studies for Low Back Pain (HEDIS® Measure)

Claims data for members 18 to 50 is used to determine the percentage of members with a primary diagnosis of low back pain who did NOT have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. This excludes any member for whom imaging is appropriate: those with cancer, recent trauma, IV drug abuse, unexplained fever, symptoms suggestive of cauda equina syndrome, progressive motor weakness, or members in hospice.

Most patients with low back pain experience reduced pain and improved function within four weeks. Imaging studies did not contribute to the patients' success and were deemed not worth any potential risk.<sup>1</sup>

## Rx For Success:

- ▶ Document LBP appropriately in the medical record
- ▶ Evaluate for red flags, as noted above
- ▶ Prescribe rest and NSAIDs
- ▶ Follow up within one month
- ▶ No plain X-ray or advanced imaging within 28 days
- ▶ Conservative therapy
- ▶ Refer your patients to a Health Coach (details below)

**Appropriate imaging will be reflected in a lower total cost of care and improved quality for your patients, as measured by accepted national standards.**

The following organizations support these treatment goals and provide additional information on their websites:

[www.choosingwisely.org](http://www.choosingwisely.org)

[www.aafp.org](http://www.aafp.org)

[www.acep.org](http://www.acep.org)

[www.cdphp.com/providers/programs/high-tech-imaging](http://www.cdphp.com/providers/programs/high-tech-imaging)

[www.americanpainsociety.org](http://www.americanpainsociety.org)

[www.aans.org](http://www.aans.org)

[www.spine.org](http://www.spine.org)

Support for your patients is available at no cost, 24 hours per day, seven days per week, via Health Coach Connection<sup>SM</sup>. Health Coaches are specially trained professionals who are available to answer questions you may have concerning your health. Patients may call 1-800-365-4180, or visit [www.cdphp.com/healthcoachconnection](http://www.cdphp.com/healthcoachconnection).

1. Chou R, Qaseem A, Owens DK, Shekelle P. Diagnostic imaging for low back pain: Advice for high-value health care from the American College of Physicians. *Ann Intern Med.* 2011;154(3):181-189.

# Imaging and Low Back Pain

- ▶ Low back pain (LBP) affects about 80 percent of the population at some point in their lives.
- ▶ At least 90 percent of acute LBP episodes resolve within six weeks with conservative care that includes OTC analgesics, muscle relaxants, relative rest with tolerable activity, and physician reassurance and education.
- ▶ The cause of most LBP cases is not known, resulting in commonly used terms like non-specific LBP, low back strain/sprain, and low back syndrome.
- ▶ To control medical imaging overuse for LBP, CDPHP, as well as many other health plans, has instituted prior authorization for advanced imaging.
- ▶ The American Radiologic Society, the American Academy of Sports Medicine, the American Orthopedic Society, the American College of Physicians, and the Choosing Wisely® campaign have established clear guidelines for when imaging (X-rays, CT, MRI) is warranted.
- ▶ According to the American College of Physicians, for patients with back pain that cannot be attributed to a specific disease or spinal abnormality, radiography, CT scans, and MRIs do not improve their outcomes.
- ▶ Red flags, including trauma, history of cancer, fever, unexplained weight loss, IV drug use, immunosuppression, progressive motor weakness, bladder/bowel incontinence, and pain unrelieved by rest or position changes may warrant further investigation.
- ▶ Pain persisting without improvement beyond six weeks may also require radiologic evaluation depending on the complete clinical picture.
- ▶ For sciatica patients with no clinically detectable neurological deficit, MRIs or any other radiologic tests may be unnecessary. These patients have similar courses and recovery as those with non-radicular LBP, though they may benefit from slightly different treatment options.

## Rx

### Treatment Goals:

- ▶ Relieve pain
- ▶ Improve function
- ▶ Reduce time off from work
- ▶ Create coping strategies via education

To control overuse, CDPHP requires prior authorization for advanced imaging.