



Important Information about the Use of Imaging Studies for Low Back Pain (LBP) HEDIS Measure

GlobalHealth has selected the **HEDIS Measure for Use of Imaging Studies for Low Back Pain (LBP)** as an improvement target. As defined by HEDIS, use of imaging studies for low back pain includes the percentage of members 18-50 years of age who had a primary diagnosis of low back pain and *did not* have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.

Low back pain is the fifth most common reason for all physician visits. Approximately 2.5 million Americans visit outpatient clinical settings for low back pain each year. Approximately 75% of adults will experience low back pain at some time in their lives. In any three-month period, approximately 25% of Americans will experience at least one day of back pain.

Evidence shows that unnecessary or routine imaging (X-ray, MRI, CT scans) for low back pain is not associated with improved outcomes. It also exposes patients to unnecessary harms such as radiation and further unnecessary treatment. For the majority of individuals who experience severe low back pain, pain improves within the first two weeks of onset.

Avoiding imaging for patients when there is no indication of an underlying condition can prevent unnecessary harm and unintended consequences to patients and can reduce health care costs (see Red Flags below).

Before recommending imaging for low back pain, GlobalHealth providers should perform a complete focused medical history and physical examination for “Red Flags” and to help rule out non-spinal causes of back pain.

Red Flags:

- Severe or progressive neurologic deficits (bowel or bladder function, saddle paresthesia)
- Fever
- Sudden onset back pain with spinal tenderness, especially with a history of osteoporosis, cancer, or steroid use)
- Trauma
- Suspected serious underlying condition (such as vertebral infection, cauda equina syndrome, or cancer with bony metastasis).

Next Steps:

- Provide clear communication to the patient about treatment options, your treatment recommendations, and why.
- Encourage questions, address concerns
- Confirm agreement with treatment plan

References:

National Committee for Quality Assurance (NCQA) [NCQA HEDIS Low Back Pain \(LBP\)](http://www.ncqa.org) (www.NCQA.org)

American Academy of Family Physicians (AAFP). [AAFP Back Pain Clinical Recommendations](http://www.aafp.org) (www.AAFP.org)

Choosing Wisely. [Clinician lists Spinal Imaging acute LBP](http://www.choosingwisely.org) (www.choosingwisely.org)

American College of Radiology [Low Back Pain Imaging Appropriateness Criteria](http://www.acr.org) clinical resources at www.acr.org)