

Physicians and clinical care teams: Imaging for lower back pain does not improve outcomes, study finds

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Chances are that one out of every four patients you see in your office has low back pain. The Centers for Disease Control and Prevention (CDC) reports that in the last three months, 25% of U.S. adults report having low back pain, making it second only to the common cold as a cause for lost work time and a primary reason for a doctor's visit.¹ Back pain will usually go away on its own. About 90 percent of patients with low back pain recover within six weeks.² For this reason, the National Committee for Quality Assurance (NCQA) recommends avoiding imaging for patients when there is no indication of an underlying condition. In a study published by the CDC, [Early imaging for acute low back pain](#), the findings indicated not only was early imaging not associated with better outcomes, it also indicated that certain early imaging (MRI) was associated with an increased likelihood of disability and its duration.³

Watch this video to learn more

Take advantage of the [Recommendation for Treating Acute Low Back Pain](#) video located on the [CDC website](#). The video also offers communications strategies to share with patients for effectively treating their low back pain.

HEDIS® Measure: Use of imaging studies for low back pain (LBP)

Description: 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. The higher compliance score indicates appropriate treatment of low back pain.

Exclusions include cancer, recent trauma, IV drug abuse, neurologic impairment, HIV, spinal infection, major organ transplant and prolonged use of corticosteroids.

Coding Tips: This is a few of the approved codes for the diagnosis and services associated with the LBP measure. For a complete list, visit [ncqa.org](#).

CPT	72010, 72020, 72052, 72100	Imaging study
ICD-10	M47.898	Other spondylosis, sacral and sacrococcygeal region
ICD-10	M48.08	Spinal stenosis, sacral and sacrococcygeal region
ICD-10	M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
ICD-10	M54.40	Lumbago with sciatica, unspecified side
ICD-10	M51.26 – M51.27	Other intervertebral disc displacement, lumbar lumbosacral region
ICD-10	M54.30 – M54.32	Sciatica, unspecified, right side, left side
ICD-10	M51.16-M51.17	Intervertebral disc disorders with radiculopathy, lumbar region, lumbosacral region
ICD-10	M51.26-M51.27	Intervertebral disc displacement, lumbar region, lumbosacral region
ICD-10	M51.36-M51.37	Other intervertebral disc degeneration, lumbar region, lumbosacral region
ICD-10	M51.86-M51.87	Other intervertebral disc disorders, lumbar region, lumbosacral region
ICD-10	M99.53	Intervertebral disc stenosis of neural canal of lumbar region
ICD-10	S33.100A, S33.100D, S33.100S	Subluxation of unspecified lumbar vertebra; initial, subsequent, sequela encounter
ICD-10	S33.5XXA	Sprain of ligaments of lumbar spine; initial encounter
ICD-10	S33.6XXA	Sprain of sacroiliac joint; initial encounter
ICD-10	S33.8XXA	Sprain of other parts of lumbar spine and pelvis; initial encounter
ICD-10	S33.9XXA	Sprain of unspecified parts of lumbar spine and pelvis; initial encounter
ICD-10	S39.002A, S39.002D, S39.002S	Unspecified injury of muscle, fascia, and tendon of lower back; initial, subsequent, sequela encounter
ICD-10	S39.82XA, S39.82XD, S39.82XS	Other specified injuries of lower back; initial, subsequent, sequela encounter

1 <https://www.cdc.gov/acute-pain/low-back-pain/index.html#:~:text=25%25%20of%20U.S.%20adults%20report,the%20most%20common%20pain%20reported.>

2 <https://abcnews.go.com/Health/CommonPainProblems/story?id=4047737#:~:text=Answer%3A%20Back%20pain%20usually%20goes,people%20recover%20faster%20than%20others>
3 <http://dx.doi.org/10.1097/BRS.0b013e318251887b>

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URL: <https://providernews.anthem.com/virginia/article/physicians-and-clinical-care-teams-imaging-for-lower-back-pain-does-not-improve-outcomes-study-finds-5>

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