

Use of Imaging Studies for Low Back Pain (LBP)

Published: Apr 1, 2020 - State & Federal / Medicaid

The HEDIS® measure, Use of Imaging Studies for Low Back Pain (LBP), analyzes the percentage of patients 18 to 50 years of age during the measurement year 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 measure is used to determine whether imaging studies are overused to evaluate members with low back pain. The measure is an inverted rate. A higher score indicates appropriate treatment of low back pain.

Clinical guidelines for treating patients with acute low back pain recommend against the use of imaging in the absence of red flags (in other words, indications of a serious underlying pathology such as a fracture or tumor). Unnecessary or routine imaging is problematic because it is not associated with improved outcomes and exposes patients to unnecessary harms such as radiation exposure and further unnecessary treatment.

Measure exclusions:

- Cancer
- Recent trauma
- Intravenous drug abuse
- Neurological impairment
- HIV
- Spinal infection
- Major organ transplant
- Prolonged use of corticosteroids

Helpful tips:

Hold off on doing imaging for low back pain within the first six weeks, unless red flags are present.

Consider alternative treatment options prior to ordering diagnostic imaging studies, such as:

- Nonsteroidal anti-inflammatory drugs.
- Nonpharmacologic treatment, such as heat and massage.
- Exercise to strengthen the core and low back or physical therapy.

Other available resources:

- National Committee for Quality Assurance — **NCQA.org**
- Choosing Wisely — **Choosingwisely.org**
- American Academy of Family Physicians — **AAFP.org**

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NYEPEC-2145-19 February 2020

URL: <https://providernews.empireblue.com/article/use-of-imaging-studies-for-low-back-pain-lbp-2>

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April 2020 Empire Provider News

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