



Tip Sheet: Use of Imaging Studies for Low Back Pain

The California Health & Wellness Plan (CHWP) Quality Improvement (QI) program monitors provider performance for clinical care and services such as imaging for patients with low back pain (LBP), through various initiatives, including using the Healthcare Effectiveness Data and Information Set (HEDIS®) measures as developed and maintained by the National Committee for Quality Assurance (NCQA).¹ This tip sheet is designed to help increase the number of compliant patients, and includes best practices and suggested approaches for patients with LBP.

WHAT IS HEDIS?

HEDIS is a set of standardized performance measures that evaluates plan performance on important dimensions of care and service. NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, health care providers, and policymakers. HEDIS allows for standardized measurement, standardized reporting and accurate, objective, side-by-side comparisons of quality across health plans and against benchmarks.

The LBP HEDIS measure is defined as the percentage of patients with a primary diagnosis of LBP who did not have an imaging study (plain X-ray, magnetic resonance imaging (MRI), computerized tomography (CT) scan) within 28 days of diagnosis. The measure is reported as an inverted rate $[1 - \text{numerator}/(\text{eligible population})]$. A higher rate indicates appropriate treatment of LBP (such as the proportion of patients for which imaging studies did not occur).

LBP FACTS

More than 80 percent of Americans will experience LBP in their lifetime. Imaging tests, such as plain X-rays, MRIs and CT scans, are commonly performed to diagnose the severity of the condition. There is a need to reduce the use of imaging studies for LBP since imaging tests do not provide useful information in cases of strained muscles and ligaments, can expose patients to unnecessary radiation and can be costly. Unnecessary imaging studies can also lead to the need for additional more invasive testing, which increases the risk for complications, such as infections.² Evidence-based studies do not recommend imaging for LBP during this time unless red flags are present, such as severe or progressive neurological signs or symptoms that suggest a serious or specific underlying condition. Patients with LBP usually feel better within a month and pain can be managed through self-help techniques.

BEST PRACTICE TIPS

- Discourage the use of imaging studies for LBP within 28 days of diagnosis, unless otherwise clinically indicated.
- Rule out underlying causes where back pain is accompanied by red flags:
 - Cancer any time during the patient's history through 28 days after the Index Episode Start Date (IESD). Codes for cancer include:
 - Malignant neoplasms
 - Other neoplasms
 - History of malignant neoplasm
 - Recent trauma any time during the three months (90 days) prior to the IESD through 28 days after the IESD.
 - Intravenous drug abuse any time during the 12 months (one year) prior to the IESD through 28 days after the IESD.
 - Neurologic impairment any time during the 12 months (one year) prior to the IESD through 28 days after the IESD.
 - HIV any time during the patient's history through 28 days after the IESD.



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- Spinal infection any time during the 12 months (one year) prior to the IESD through 28 days after the IESD.
- Major organ transplant (any time in the patient’s history through 28 days after the IESD).
- Prolonged use of corticosteroids – 90 consecutive days of corticosteroid treatment any time during the 12 months (one year) prior to and including the IESD. See the Corticosteroid Medications List.

Note: Refer to designated Value Sets and relevant parameters to meet required exclusion criteria for this measure.¹

CORTICOSTEROID MEDICATIONS LIST

Description	Prescription		
Corticosteroid	Hydrocortisone Cortisone Prednisone	Prednisolone Methylprednisolone Triamcinolone	Dexamethasone Betamethasone

RECOMMENDED TREATMENT PLAN

- Educate the patient about the reason imaging tests are not warranted.
- Self-care home treatment:
 - Use heat/ice.
 - Use non-narcotic pain relievers.
 - Remain active, stretch and avoid bedrest.

Refer to Smart Care California’s LBP Focus Area for evidence-based guidelines and training materials on the diagnosis, management and treatment of LBP for providers, and resources for patients available online at www.iha.org/our-work/insights/smart-care-california/focus-area-low-back-pain.

HOW: Data for this measure is captured administratively; therefore, submitting a claim/encounter for any diagnosis in which imaging is clinically appropriate (red flags) is important so the patient is excluded from the measure.

WHO: Adults ages 18 as of January 1 to 50 as of December 31 of the measurement year.¹

WHEN: The time frame of this measure is January 1 through December 3 of the measurement year.¹

WHERE: Documentation in the medical record must include patient name; date of birth; IESD, which is the earliest date of an encounter with a principal diagnosis of LBP during the measurement year; documentation of diagnosis of LBP on the date of service. If imaging studies are done within 28 days, red flags indicating the need for imaging studies must be documented as well.¹

EXCLUSIONS TO THE LBP HEDIS MEASURE

- Observation or emergency department visits, or observation visits that result in an inpatient stay.
- Any patient with a diagnosis of uncomplicated LBP during the 180 days (six months) prior to the IESD.

REFERENCES

¹ NCQA’s HEDIS 2018 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2017.

² Integrated Healthcare Association – Smart Care California. LBP information retrieved from www.iha.org/our-work/insights/smart-care-california/focus-area-low-back-pain, October 31, 2017.