



Use of imaging studies for low back pain

This measure examines the percentage of patients ages 18-50 years old who have a new primary diagnosis of low back pain and did not receive an imaging study within 28 days of diagnosis. Imaging studies include:

- X-ray
- CT scan
- MRI

Improving HEDIS® scores

Avoid ordering diagnostic studies in the first six weeks of new-onset back pain unless certain “red flags” are present.

Exclusions* include members with:

- Previous diagnosis of low back pain (within prior six months)
- History of cancer
- Recent trauma within last 12 months
- History of intravenous drug abuse within last 12 months
- Severe or progressive neurologic impairment anytime in last 12 months

If ordering an imaging study prior to six weeks of the onset of back pain and an exclusion applies, be sure to code the exclusion in addition to the diagnoses of low back pain.

**In addition to these exclusions, the Michigan Quality Improvement Consortium guidelines include the following red flags: Infection risk (diabetes, immune suppression, steroids, history of tuberculosis), fracture risk (women over 50, steroid use), recent instrumentation and anticoagulation.*

HEDIS, which stands for Healthcare Effectiveness Data and Information Set, is a registered trademark of the National Committee for Quality Assurance.

Did you know?

- **Low back pain affects one in 10 people and is now the leading cause of disability worldwide.**
- **Imaging studies done less than six weeks after the onset of low back pain rarely improve outcomes but do increase cost and radiation exposure.**

Managing acute low back pain

- **Stay active.**
- **Apply heat.**
- **Use over-the-counter pain relievers.**
- **Adjust your sleeping position.**
- **Consider alternative treatments, such as massage, physical therapy, chiropractic or acupuncture.**
- **Consider prescription pain relievers if pain is severe.**

Tip: