

Low Back Pain Imaging

Low back pain is the most common and expensive reason for work disability in the U.S. When low back pain is not attributed to potentially serious spinal pathology or non-spinal pathology, there is a poor correlation of X-ray findings with low back problems. **According to the American College of Radiology, uncomplicated acute low back pain is a benign, self-limited condition that warrants no imaging studies** (e.g., X-ray, magnetic resonance imaging [MRI], computed tomography [CT] scan).

The preferred clinical approach:

- identify patients with severe underlying spinal problems requiring urgent diagnostic imaging and intervention (eg, tumor, infection, fracture, neuromotor deficits) and
- treat the remaining patients conservatively
 - ☞ Activity modification
 - ☞ Exercise
 - ☞ Pain management
- Do not order imaging studies for the first 28 days after initial diagnosis

| IF YOU FEEL THERE IS A NEED TO DO IMAGING STUDIES BEFORE 28 DAYS DO NOT USE THESE CODES | |
|---|----------------------|
| Code | Code Description |
| 724.2 | lumbago |
| 724.5 | backache nos |
| 847.2 | sprain lumbar region |
| 724.3 | sciatica |

The QARR/HEDIS measure calculates the percentage of members with a primary diagnosis of low back pain and an negative past history that had an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis. The measure is reported as an inverted rate so that a higher score indicates **appropriate treatment of low back pain with no imaging study.**

For further information/questions, call 718-794-6049
Affinity Quality Management Department