

Memorandum

To: Gold Coast Health Plan Primary Care Providers

From: Kim Timmerman, MHA, CPHQ, Director of Quality Improvement
Nancy R. Wharfield, M.D., Chief Medical Officer

Re: **Use of Imaging Studies for Low Back Pain (LBP)**

Date: April 9, 2019

According to the National Committee for Quality Assurance (NCQA), nearly 2.5 million Americans visit outpatient clinical settings for low back pain each year. Often, providers perform unnecessary or routine imaging (X-rays, MRIs, CT scans) for low back pain despite evidence showing that this is not associated with improved outcomes. The NCQA contends that the majority of individuals with severe low back pain show improvement within the first two weeks of initial pain and that the use of imaging can adversely expose patients to unnecessary radiation, further unnecessary treatments, as well as contribute to health care costs.

**Healthcare Effectiveness Data and Information Set (HEDIS®) Measure:
Use of Imaging Studies for Low Back Pain (LBP)**

The NCQA HEDIS® measure, Use of Imaging Studies for Low Back Pain (LBP), examines the percentage of members 18 years and older 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 diagnosis. This measure is inverted, meaning that the higher number the members who do not receive unnecessary imaging for low back pain, the higher the rate.

In measurement year (MY) 2017, GCHP's LBP rate ranked at the minimum performance level (NCQA 25th percentile), as it had fallen 4.88% from the previous measurement year.

Measurement Year	2015	2016	2017
LBP rate	73.51	73.89	69.01
NCQA National Percentile Rank	50 th	50 th	25 th

GCHP is currently working on compiling data to assess the LBP rate for MY 2018 and aims to achieve the 75th percentile.

LBP Best Practices:

- Imaging should be used when other noninvasive regimens have failed and injections or surgery are being considered.
- Effective treatments for acute low back pain are:

- Nonsteroidal anti-inflammatory drugs, acetaminophen, and muscle relaxants.
- Recommend that the patient stay as active as possible, within their pain limits, and return to normal activities as soon as possible.
- Patients should avoid bed rest, lifting, twisting, and bending.
- Provide patient education, which is vital to decreasing the patient's anxiety about back pain, improve discomfort and help eliminate the possibility of re-injury. The links below can help providers better educate their patients about low back pain:
 - [National Institute of Neurological Disorders and Stroke](#)
 - [MedlinePlus](#)
 - [Mayo Clinic](#)

Additional HEDIS[®] Resources

For additional information on appropriate documentation for the Low Back Pain HEDIS[®] measure, [click here](#).

If you have any questions, please contact the Quality Improvement Department at hedis@goldchp.org.