

Low Back Pain Guideline

MVP Health Care, as part of its continuing Quality Improvement Program, adopted the Institute for Clinical Systems Improvement's (ICSI) health care guideline for the treatment of adult low back pain in primary care.

Impact of the Condition

- Back pain is one of the most common reasons individuals visit their doctor each year.
- According to the 2009 National Health Interview Survey, 28% of respondents indicated they experienced low back pain in the prior three months¹.
- Re-occurrence of low back pain is high: approximately two-thirds of people who have one episode will experience another in the following year.
- Low back pain has broad economic implications resulting from direct health care expenditures, disability-related costs and indirect costs from decreased function and productivity.

Summary of ICSI Guidelines

The ICSI guideline is located on the website at:

http://www.icsi.org/guidelines_and_more/gl_os_prot/musculo-skeletal/low_back_pain/low_back_pain_adult_5.html.

There is an executive summary which is included along with an easy to follow algorithm. The full guideline is 74 pages long with the first 24 pages, the algorithm and annotations, being the most relevant to MVP's population. The remaining pages offer appendices and supporting evidence for the specific recommendations of the algorithm.

- The ICSI guideline update released in December 2010 included the following key changes:
- An introduction section was added that includes special considerations during pregnancy.
- There was a change to the Algorithm - removing a box for initiating or continuing conservative treatment.
- Changes to the Annotations section, Initial Primary Care Evaluation include:
 - adding tuberculosis as a possible risk factor for infection to assess during history-taking.
 - a definition was provided for lumbar radiculopathy as well as symptoms to look for.
 - more emphasis has been placed on the role psychosocial factors play in barriers to recovery:
 - an assessment of psychosocial factors has been added as part of initial primary care exam
 - patient unwillingness to comply with treatment was added as potential psychosocial indication
 - the PHQ-2 screening tool has been suggested as part of the initial exam.

¹ National Center for Health Statistics. Data File Documentation, National Health Interview Survey, 2009 (machine readable data file and documentation). National Center for Health Statistics, Centers for Disease Control and Prevention, Hyattsville, Maryland. 2010.

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- Plantar flexion was added as part of the neuromuscular testing component.
- Neural tension test was defined.
- Early referral to physical therapy was added as a consideration for patients with severe, disabling pain or limitations to functional capacity.
- Several changes to terminology were made
- Guidelines for anticoagulation use when deciding if a patient is appropriate for an epidural steroid injection were added.

Other Support for Management of Low Back Pain

In conjunction with these guidelines, MVP Health Care offers a **Condition Health Management program** for our members with chronic low back pain. The intent of the program is to educate our members with low back pain, help influence behavior and intervene before an acute crisis occurs. Members receive structured coaching regarding their behaviors and health status as well as assistance in coordination of their care needs. When appropriate, these members will be co-managed along with the case managers in utilization or behavioral health case management. **If you would like to refer one of your patients to this program**, please call the Health Care Operations Department at 1-866-942-7966. More information on this and MVP's other health programs may also be found on MVP's website:

<https://www.mvphealthcare.com/provider/documents/CHMReferralGuide.pdf>.

*This guideline is not intended to replace the role of clinical judgment by the physician in the management of this, or any other disease entity. It is an educational guideline to assist in the delivery of good medical care. **All treatment decisions are ultimately up to the physician.*** Where medication recommendations are made, please refer to each health plan's formulary for coverage considerations.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site and by written notices from the plan via fax or newsletter. A hard copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at 1 (800) 777-4793 extension 2602.