

Use of Imaging Studies for Low Back Pain (LBP)



Best Practices: Low Back Pain

- Imaging should be reserved for members whom non-invasive, conservative regimes have failed and surgery or therapeutic injection is being considered.
- The evaluation for low back pain should include a complete, focused medical history looking for red flags which include, but are not limited to: severe or progressive neurologic deficits (e.g., impaired bowel or bladder function, saddle paresthesia); fever, sudden back pain with spinal tenderness (especially with history of osteoporosis, cancer, steroid use); trauma, and indications of a serious underlying condition (e.g., osteomyelitis, malignancy).
- It is also important to rule out non-spinal causes of back pain such as urologic or GI pathology and pelvic disease.
- Provide members with conservative therapy using MVP's "Prescription for Your Low Back Pain" at the time of the initial episode. The prescription is available by visiting mvphealthcare.com and selecting *Providers*, then *Quality Programs*, then *Provider Quality Improvement Manual*, then *Back Pain*, then *Useful Information for Patients*. We have also included a sample on page 2 of this Reference Guide.
- For further information, visit aafp.org.

Patient Profile

MVP members 18–50 years of age with a primary diagnosis of low back pain and who did not have an imaging study within 28 days of the diagnosis. NCQA further specifies the diagnosis be *Uncomplicated Low Back Pain*.

Examples of *Uncomplicated Low Back Pain* diagnoses take from the HEDIS 2019 Technical Specifications Value Set Directory:

- Spondylosis, radiculopathies, myelopathies, stenoses, intervertebral disc disorders, spinal instabilities, dorsopathies, sciatica, lumbago, dorsalgia, subluxations, sprains, strains, and non-allopathic/biomechanical lesions.

Exclude any member who has had a diagnosis for which imaging is clinically appropriate. Any of the following will meet the criteria:

- **Cancer:** any time in the member's history through 28 days after the episode start date.
- **Recent trauma:** any time during the 90 days prior to the episode start date through 28 days after.
- **IV Drug abuse:** any time during the 12 months prior to the episode start date through 28 days after.
- **Neurologic Impairment:** any time during the 12 months prior to the episode start date through 28 days after.
- **HIV:** any time in the member's history through 28 days after the episode start date.
- **Spinal infection:** any time during the 12 months prior to the episode start date through 28 days after.
- **Major organ transplant:** any time in the member's history through 28 days after the episode start date.
- **Prolonged use of corticosteroids:** 90 consecutive days of corticosteroid treatment any time during the 12 months prior to and including the episode start date.

Information related to all 2019 HEDIS measures has been extracted from the NCQA 2019 HEDIS Technical Specifications Volume 2.

Sample of MVP's Prescription for Your Low Back Pain

Prescription for Your Low Back Pain

Name _____ Date _____

Follow these instructions to manage your low back pain:

- Stay active and walk often.
- Sleep on your side with a pillow between your knees.
- Sleep on your back with a pillow under your knees.
- Use moist heat as directed: _____
- Take anti-inflammatory drugs as directed: _____
- Take prescription drugs only as directed: _____
- Go to your physical therapy appointments: _____
- Do your home exercise program as instructed: _____
- Apply a TENS Unit pain relief device as directed: _____
- Consider acupuncture, massage, or yoga therapy.

Call us if any of these occur:

- Your back pain is not better in four weeks.
- Your pain gets much worse for more than 48 hours.
- You start to lose weight or you get a fever.
- You lose control of your bladder or bowels.



Facts About Imaging for Low Back Pain

- Low back pain is the fifth most common reason for all doctor visits.
- If you get an imaging test (X-ray, CT scan, or MRI) for your back pain, it will not make the pain improve faster. That is why they are not done routinely.
- X-rays and CT scans use radiation that can add up over time and be harmful. For your safety, it is best to avoid radiation whenever possible.
- To learn more, visit choosingwisely.org and select *For Patients*.

 mvphealthcare.com

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Billing Codes

ICD-10 CM Codes

Uncomplicated Low Back Pain

M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.896, M47.897, M47.898, M48.06, M48.061, M48.062, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M54.16, M54.17, M54.18, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS

Neurologic Impairment Exclusion:

G83.4 Cauda Equina Syndrome