

Use of Imaging Studies for Low Back Pain (LBP)

Patients 18-75 with a principal diagnosis of low back pain who **did not** have an imaging study (i.e., plain x-ray, MRI, CT scan) within 28 days of the diagnosis.

Exclusions

- A diagnosis for which imaging is clinically appropriate, including: Cancer; Recent trauma (within the last 3 months); Intravenous drug abuse; Neurologic impairment; HIV; Spinal infection; Major organ transplant; Prolonged use of corticosteroids (90 consecutive days).
- Exclude members with a diagnosis of uncomplicated low back pain) during the 180 days (6 months) prior to the IESD.
- Osteoporosis or a dispensed prescription to treat osteoporosis (Osteoporosis Medication List) any time during the member's history through 28 days after the IESD.
- Fragility fracture any time during the 3 months (90 days) prior to the IESD through 28 days after the IESD.
- Lumbar surgery any time during the member's history through 28 days after the IESD.
- Spondylopathy any time during the member's history through 28 days after the IESD.

Documentation Requirements

- Supplemental data is not accepted for diagnosis or imaging services; this data is captured via claims. Supplemental data may only be utilized for exclusions.

Common Documentation Insufficiencies

- Failing to document exclusions.
- Ordering an imaging study within 28 days of a primary diagnosis of uncomplicated low back pain. Associated codes: M48.07-08; M51.16-17; M51.26-27; M51.36-37; M51.8687; M53.2X6-2X8; M53.3; M53.86-88; M54.16-18; M54.3032; M54.40-42; M54.50-59; M54.89; M54.9; M99.03-04; M99.23; M99.33; M99.43; M99.53; M99.63; M99.73; M99.83-84; 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.

Best Practices

- During the first 4 weeks after diagnosis, unless clinically indicated, educate and provide patients with alternative treatment options to imaging, such as pharmaceuticals, physical therapy, and/or at-home comfort care, such as stretching or low-impact exercise. Address any associated psychosocial issues (i.e., anxiety, depression).