

LOW BACK PAIN

- 84% adults have low back pain at some time
- 85% back pain is non-specific and will improve within a few weeks
- Earlier imaging does not impact short-term (<3mo) or long-term (6-12mo) outcomes of pain or function but often has abnormal findings (30-96%) without clear correlation to symptoms<sup>1</sup>

HEDIS considers any imaging study for uncomplicated low back pain within the FIRST 28 days of diagnosis INAPPROPRIATE. **This measure is tracked and publicly reported.**

	History/Findings	Diagnoses (ICD-10)	Imaging
DENOMINATOR	ISOLATED PAIN <28d  (NO warning signs, NO high risk comorbidities or neurological deficits)	Spondylosis +/- Radiculopathy (M47.26 – 47.898) Spinal Stenosis (M48.06 – M48.08) Disc Disorder/Displacement (M51.16 - 51.87) Low Back Pain (M54.5 – M54.9) Radiculopathy (M54.16 - M54.18) Sciatica/Lumbago (M54.30 – M54.42) Segmental & Somatic dysfunction (M99.03-M99.04) Other biomech lesions/findings (M99.03 – M99.84) Subluxation (S33.100A – S33.140S) Sprain (S33.5XXA – S33.9XXA) Strain (S33.9XXA – S39.012S) Back injuries (S39.002A – S39.92XS)	<b>NO IMAGING Anticipated</b> Physical Therapy NSAIDs, analgesics
	Pain and <b>NO</b> neuro deficits <b>BUT accompanying systemic features or risks</b>  (i.e. - IVDA, cancer, recent trauma, systemic infection)	RECENT TRAUMA <12 months (S02.0XXA – S93.336S) IVDA (F11.10-F11.29, F13.10-F15.29) Cancer (C00-C96.Z) or Neoplasm (D00.00 - D49.9) Osteoporosis (M80.0-M81.8) Ankylosing Spondylitis (M45.0-M45.A) Spinal Infection (M46.25 – M46.48, A17.81, G06.1) Steroids for >90d Fever, Hematuria, Lymphadenopathy, HIV, organ transplant etc.	X-ray ESR
EXCLUSIONS	Pain with decreased sensory/motor weakness or spasticity – reflex changes	Radiculopathy w/ <b>urinary retention, saddle anesthesia (Cauda Equina G83.4)</b>  Mild Unilateral sensory/motor loss (focal) Disc Disorder + Myelopathy (M51.06) Schmorl's nodes (M41.46-M41.47) Neuralgia & Neuritis (M79.2)	<b>URGENT MRI (CT) Spine Consultation</b>  X-ray, consider MRI (CT) Consider ESR if suspect infection
	<b>Persistent Pain &gt;28d</b> despite conservative mgmt	Any of the above diagnoses in the past 6 months (HEDIS)	X-ray – AP/lateral standing LS spine
	<b>Complicated Back Disease</b>	Scoliosis (M41.9), Recent spinal surgery, Collapsed Vertebra, Pathologic Fracture, etc	X-ray, consider MRI (CT)

Help for assessment/management of back pain/appropriateness/consideration of surgery:

**MCLink:** Physical Medicine & Rehab: “Drs Jason Koh & Sujin Lee” –location: “Orange Coast Memorial-Center for Spine Health (FV)”

<sup>1</sup> An American Journal of Neuroradiology systemic literature review (AJNR 2015 Apr;36(4):811-6) revealed: “The prevalence of disk degeneration in asymptomatic individuals increased from 37% of 20-year-old individuals to 96% of 80-year-old individuals. Disk bulge prevalence increased from 30% of those 20 years of age to 84% of those 80 years of age. Disk protrusion prevalence increased from 29% of those 20 years of age to 43% of those 80 years of age. The prevalence of annular fissure increased from 19% of those 20 years of age to 29% of those 80 years of age.

Sources: Wheeler S, et al. Evaluation of low back pain in adults. UpToDate, Inc 2023; MY 2023 AHRQ Clinical Specification: Use of Imaging Studies for Low Back Pain.

UpToDate 2023: Basics topics (see “Patient education: Low back pain in adults (The Basics)” and “Patient education: Spinal stenosis (The Basics)” and “Patient education: Herniated disc (The Basics)” and “Patient education: Muscle strain (The Basics)” and “Patient education: Do I need an X-ray (or other test) for low back pain? (The Basics)”)

•Beyond the Basics topics (see “Patient education: Low back pain in adults (Beyond the Basics)”)