

Low Back Pain Imaging Studies

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MEASURE DESCRIPTION:

Low Back Pain Imaging Studies indicates whether a patient with low back pain, aged 18 to 50 years, did not have an imaging study (e.g., back x-ray, MRI, CT scan) done within 28 days following the diagnosis. This excludes all patients with a low back pain diagnosis within 6 months prior to the current diagnosis; patients with a diagnosis of trauma, IV drug abuse, or neurologic impairment from one year prior to the low back pain encounter to 28 days following the encounter; patients with a diagnosis of cancer at anytime; or an emergency department visit with a principal diagnosis of low back pain that results in hospital admission.

This measure is based on the HEDIS measure *Use of Imaging Studies for Low Back Pain* (LBP).

PROPRIETARY STATUS:

This measure is owned by NCQA [NQF-Endorsed™].

CRITERIA REVISION:

This measure is based on the HEDIS® 2013 Technical Specifications for Physician Measurement criteria.

CRITERIA REVIEW DATE: 03/29/2013

MEASURE TYPE:

MEASURE PACKAGE: Advantage Nationally Endorsed

MINIMUM DATA REQUIREMENTS (months): 24

MEASURE DETAILS:

DENOMINATOR:

Identifies the unique count of patients, aged 18 to 50 years, who had an outpatient or emergency department visit with a principal diagnosis of low back pain. It excludes from the eligible population all patients with a low back pain diagnosis within 6 months prior to the current diagnosis; patients with a diagnosis of trauma, IV drug abuse, or neurologic impairment from one year prior to the low back pain encounter to 28 days following the encounter; patients with a diagnosis of cancer at anytime; or an emergency department visit with a principal diagnosis of low back pain that results in hospital admission.

At least one outpatient or emergency department visit with a principal diagnosis of low back pain (from the beginning of the measurement year up to 28 days prior to the end of the measurement year)

(CPT Procedure Code = 98925-98929, 98940-98942, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99281-99285, 99341-99345, 99347-99350, 99385, 99386, 99395, 99396, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456

Or

Revenue Code UB = 0450-0459, 0510-0519, 0520-0523, 0526-0529, 0570-0599, 0981-0983)

And

ICD-9 Diagnosis Code Principal = 721.3, 722.10, 722.32, 722.52, 722.93, 724.02, 724.03, 724.2, 724.3, 724.5, 724.6, 724.70, 724.71, 724.79, 738.5, 739.3, 739.4, 846.0, 846.1, 846.2, 846.3, 846.8, 846.9, 847.2

And

	Place of Service Code Medstat <> 21, 25, 51, 55
AND	
Age in years (as of the beginning of the measurement year)	Age in Years >= 18
AND	
Age in years (as of the end of the measurement year)	Age in Years <= 50

EXCLUSIONS:

Excludes from the eligible population all patients with a low back pain diagnosis within 6 months prior to the current diagnosis; patients with a diagnosis of trauma, IV drug abuse, or neurologic impairment from one year prior to the low back pain encounter to 28 days following the encounter; patients with a diagnosis of cancer at anytime (based on claims included in the database); or an emergency department visit with a principal diagnosis of low back pain that results in hospital admission. Note: The admission exclusion is implemented in the denominator.

No low back pain diagnosis during the 6-month period prior to the low back pain encounter	ICD-9 Diagnosis Code <> 721.3, 722.10, 722.32, 722.52, 722.93, 724.02, 724.03, 724.2, 724.3, 724.5, 724.6, 724.70, 724.71, 724.79, 738.5, 739.3, 739.4, 846.0, 846.1, 846.2, 846.3, 846.8, 846.9, 847.2
OR	
No trauma, IV drug abuse, or neurologic impairment diagnosis during the period from 12 months prior to the low back pain encounter through 28 days following the encounter	ICD-9 Diagnosis Code <> 304.0*, 304.1*, 304.2*, 304.4*, 305.4*, 305.5*, 305.6*, 305.7*, 344.60, 729.2, 800.00-839.9, 850.0-854.19, 860.0-869.1, 905.0-909.9, 926.11, 926.12, 929*, 952*, 958.0-959.9
OR	
No cancer diagnosis for which an imaging study in the presence of low back pain is clinically indicated (anytime prior to or during the measurement year)	ICD-9 Diagnosis Code <> 140.0-209.79, 230.0-239.9, V10*

NUMERATOR:

Identifies patients with a principal diagnosis of low back pain, aged 18 to 50 years, who *did not* have an imaging study for low back pain done within 28 days following their low back pain encounter.

Spinal imaging for low back pain (on the day of or during the 28-day period following the low back pain encounter) Note: This criterion is looking for the absence of	(CPT Procedure Code = 72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220
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imaging rather than its presence.	Or Revenue Code UB = 0320, 0329, 0350, 0352, 0359, 0610, 0612, 0614, 0619, 0972) And ICD-9 Diagnosis Code Principal <> 721.3, 722.10, 722.32, 722.52, 722.93, 724.02, 724.03, 724.2, 724.3, 724.5, 724.6, 724.70, 724.71, 724.79, 738.5, 739.3, 739.4, 846.0, 846.1, 846.2, 846.3, 846.8, 846.9, 847.2
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CONTINUOUS ENROLLMENT:

Continuously enrolled with medical coverage from 180 days (6 months) prior to the date of the low back pain encounter through 28 days following the encounter, which equates to 208 days out of 208 days.

MEASURE BACKGROUND:

Low back pain (LBP) is a significant health problem in the United States. Acute low back pain with or without radiculopathy (pain radiating down the leg[s]) is one of the most common health problems in the United States and is the leading cause of disability for persons younger than 45 years of age. Approximately 15 million office visits per year are for low back pain, and approximately one quarter of U.S. adults reported having low back pain lasting at least one whole day in the past 3 months. For people in their 20s to 40s, it usually arises from a strain of the soft tissue elements in the back or presents as sciatica associated with a herniated intervertebral disc. In older patients, infection, cancer, osteoporosis and degenerative spine disease may also cause back pain. Approximately 90 percent of patients recover spontaneously from an acute episode of low back pain in 4 to 6 weeks, but many will have a recurrence within 12 months.

Uncomplicated acute LBP is a benign, self-limited condition, and imaging studies are not needed. The vast majority of these patients return to their usual activities within 30 days. Low back pain is the leading cause of work disability. There is no evidence that routine plain radiography in patients with nonspecific LBP is associated with a greater improvement in patient outcomes than selective imaging. Imaging exposes this young population to unnecessary ionizing radiation, which is of particular concern in young women, since the amount of gonadal radiation from obtaining routine imaging of the lumbar spine is equivalent to a daily chest radiograph for more than one year. The American College of Physicians and The American Pain Society guidelines suggest that imaging studies should not be performed at the beginning (first 4 to 6 weeks) of an acute episode of LBP, even with symptoms such as sciatica or radiculopathy, unless there are alarm signs present, such as the suspicion of cancer, infection, fracture or cauda equina syndrome. Indications for further evaluation include progressive neurological deficits, minimal or no improvement despite conservative treatment, and uncontrolled or unrelenting pain. In addition, lumbar spine x-rays should be considered when there is a history of osteoporosis, underlying systemic disease, neurologic deficits, and use of certain medications including immunosuppressants, or serious accident or trauma. Some guidelines would also consider those over 50 years, unexplained weight loss or fever, or IV drug use as criteria for earlier imaging.

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