

Use of Imaging Studies for Low Back Pain

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The Use of Imaging Studies for Low Back Pain is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure defined as “the percentage of adults age 18-50 who were newly diagnosed with low back pain and did not have an imaging study (x-ray, MRI, CT scan) within 28 days of the diagnosis.” The measure is used to indicate whether imaging studies are overused in the evaluation of members presenting with low back pain.

According to the National Committee for Quality Assurance (NCQA), avoiding imaging for patients when there is no indication of an underlying condition can prevent unnecessary harm and unintended consequences to patients and can reduce health care costs.

The following Neighborhood Health Plan of Rhode Island rates show the percentage of patients receiving appropriate treatment, not those receiving potentially unnecessary imaging.

Measure	MY2020 Rate	MY2021 Rate	MY2022 Rate
Use of Imaging Studies for Low Back Pain	76.64%	76.69%	71.44%

Helpful Tips

- Consider alternative treatment options prior to ordering diagnostic imaging studies such as heat, massage, physical therapy, and exercise to strengthen the core and lower back.
- Educate patients on the potential danger of radiation exposure.
- Obtain a “low back pain” assessment before recommending imaging study, i.e., perform a physical examination and identify secondary causes of acute low back pain.
- Be cautious in the use of opioids in the presence of acute or subacute low back pain. Whenever appropriate, use nonsteroidal anti-inflammatory drugs or skeletal muscle relaxants.

Thank you for your ongoing commitment to the highest level of care for your patients.

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