

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

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THE ROLE OF IMAGING IN LOW BACK PAIN EXAMINATIONS

Imaging **is not** recommended in the first six weeks when treating members for low back pain unless a patient's history, or a physical examination, indicates a specific cause, such as cauda equina syndrome, malignancy, fracture, or infection¹.

Most people with acute back pain will experience decreased discomfort and increased functionality in the first six weeks following a physical exam. Imaging is unlikely to improve outcomes for individuals or affect their treatment plan².

[A report by the NCQA \(National Committee for Quality Assurance\)](#) has found evidence that routine imaging for low back pain by using radiography or advanced imaging methods is not associated with clinically meaningful effect on member outcomes. However, it does have substantial negative impacts on the member such as exposure to preventable harms, higher costs, and potential for unnecessary interventions³.

Members requesting imaging is an opportunity to educate them on the role of imaging with associated downsides and diagnostic limitations prior to providing any imaging services. Whenever possible, focus on a physical exam, symptomatic relief, and acute reduction of pain.

Sources:

¹Reed, S., MSc., Pearson, S., MD., MSc., *Imaging For Nonspecific Low Back Pain: Choosing Wisely Recommendation Analysis: Prioritizing Opportunities for Reducing Inappropriate Care*

²Casazza, B., Diagnosis and Treatment of Acute Low Back Pain: Am Fam Physician 2012 FEB Will, J., Bury, D., Miller, J. *Mechanical Low Back Pain: American Family Physicians*. Am Fam Physician. 2018

³ NCQA, *Use of Imaging Studies for Low Back Pain: HEDIS Measures and Technical Resources*



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