

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

SEPTEMBER 21, 2022

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*

² Casazza, 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*



This information is issued on behalf of Highmark Blue Shield and its affiliated Blue companies, which are independent licensees of the Blue Cross Blue Shield Association. Highmark Inc. d/b/a Highmark Blue Shield and certain of its affiliated Blue companies serve Blue Shield members in 21 counties in central Pennsylvania and 13 counties in northeastern New York. As a partner in joint operating agreements, Highmark Blue Shield also provides services in conjunction with a separate health plan in southeastern Pennsylvania. Highmark Inc. or certain of its affiliated Blue companies also serve Blue Cross Blue Shield members in 29 counties in western Pennsylvania, 13 counties in northeastern Pennsylvania, the state of West Virginia plus Washington County, Ohio, the state of Delaware and 8 counties in western New York. All references to Highmark in this document are references to Highmark Inc. d/b/a Highmark Blue Shield and/or to one or more of its affiliated Blue companies.

Highmark does not recommend particular treatments or healthcare services. This is not intended to be a substitute for professional medical advice, diagnosis, or treatment. The member's provider should determine the appropriate treatment and follow-up with his or her patient. This informational article is based upon a search of literature: there may be other recommendations or suggested practices that may be suitable in the care of patients. Coverage of services is subject to the terms of each member's benefit plan. Additionally, state laws and regulations governing health insurance, health plans and coverage may apply and will vary from state to state.