2HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS[®] measures.

Use of Imaging Studies for Low Back Pain (LBP)

Effectiveness of Care HEDIS® Measure*

Measure description

The percentage of patients with a primary diagnosis of low back pain who did **not** have an imaging study (e.g., standard X-ray, MRI, CT scan) within 28 days of the diagnosis.

Measure population (denominator)

Did you know?

- In a three-month period, more than one-fourth of U.S. adults experience at least one day of back pain.
- Imaging studies rarely improve outcomes but do increase cost and radiation exposure.

Patients 18 to 75 years of age as of December 31 of the measurement year who had a primary diagnosis of low back pain from January 1 to December 3 of the measurement year.

Measure compliance (numerator)

The number of patients with a primary diagnosis of low back pain who did **not** have an imaging study within 28 days following the diagnosis (such as a plain X-ray, MRI or CT scan).

Note: This measure is reported as an inverted rate. A higher score indicates appropriate treatment of low back pain (e.g., the percentage for whom imaging studies did not occur).

This measure applies to both commercial and Medicare members.

Exclusions

Condition and/or treatment		Time frame (through 28 days after diagnosis)
CancerHIVMajor organ transplant	Osteoporosis Medication(s)Lumbar surgerySpondylopathy	History
• Recent trauma	 Fragility fracture 	Prior 3 months (90 days)
 Low back pain diagnosis 		Prior 6 months (180 days)
Neurologic impairmentSpinal infection	 Intravenous drug abuse 	Prior 12 months (1 year)
 Prolonged use of corticosteroids (defined as 90 consecutive days) 		Prior 12 months (1 year) Does not include 28 days after
Additional Exclusions		Time frame
Received hospice servicesReceived palliative care	 Deceased patients 	During the measurement year
• Are 66 years of age and older with advanced illness and frailty		See Advanced Illness and Frailty Guide for details

Helpful HEDIS hints

- Acute low back pain can be managed by:
 - Staying active
 - Education on injury prevention
 - Safe back exercises
 - Use of over-the-counter pain relievers
- Avoid ordering diagnostic studies in the first 4 weeks of new-onset back pain unless certain conditions are present.
 - Severe or progressive neurologic deficits (e.g., bowel or bladder dysfunction, saddle paresthesia)
 - Fever
 - Sudden back pain with spinal tenderness (especially with a history of osteoporosis, cancer or steroid use)
 - Trauma
 - Serious underlying medical condition (e.g., cancer)
- If ordering an imaging study and an exclusion applies, be sure to code the exclusion in addition to the diagnosis of low back pain.

Resources

1. National Institutes of Health (NIH): MedlinePlus. 2021. "Why does your back hurt?" magazine.medlineplus.gov/pdf/NIHMLPWinter21.pdf#page=8

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