

HEDIS MEASURE OVERVIEW

Use of Imaging Studies for Low Back Pain (LBP)

Please note that the information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to replace your clinical judgment.

Use of Imaging Studies for Low Back Pain (LBP) is a National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) measure that assesses whether imaging studies are being used in patients with a primary diagnosis of low back pain. The NCQA stresses that 39% of Americans will experience back pain in any three-month period, and 75%–85% in their lifetime. Evidence indicates imaging for low back pain is not always associated with improved clinical outcomes.¹

What is the LBP measure?

The percentage of patients 18–75 years of age with a principal diagnosis of low back pain who **did not** have an imaging study (plain X-ray, magnetic resonance imaging [MRI], computerized tomography [CT] scan) within 28 days of the diagnosis

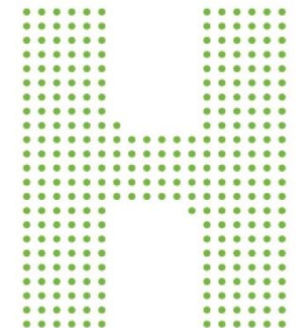
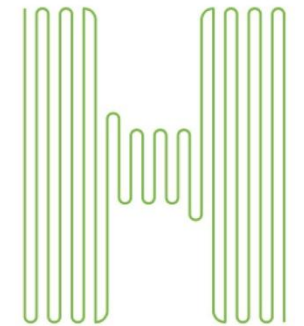
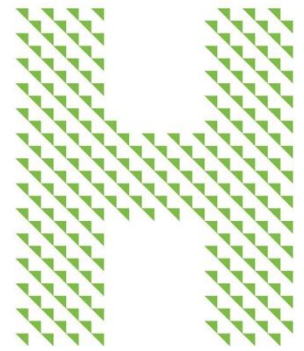
Who is included in the LBP measure?

Patients 18–75 years of age with a principal diagnosis of uncomplicated low back pain during a visit that did not result in an inpatient stay

Service needed for LBP measure compliance

The intent of this quality measure is to reduce unnecessary imaging for low back pain. Therefore, the goal is fewer instances of imaging within the eligible population.

Note: The measure is reported as an inverted rate $[1 - (\text{numerator}/\text{eligible population})]$. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).



1. National Committee for Quality Assurance. (<2025>). HEDIS® Measurement Year <2025>: Volume 1: Narrative.

Exclusions

- Cancer, human immunodeficiency virus (HIV), organ transplant, lumbar surgery, medication treatment for osteoporosis or osteoporosis or spondylopathy anytime during the patient's history through 28 days after the index episode start date (IESD), which is the earliest date of service during the intake period; the intake period is Jan. 1–Dec. 3 of the measurement year
- Intravenous (IV) drug abuse, neurologic impairment or spinal infection anytime during the 365 days prior to the IESD through 28 days after the IESD
- Trauma or fragility fracture anytime during the 90 days prior to the IESD through 28 days after the IESD
- Prolonged use of corticosteroids – 90 consecutive days of corticosteroid treatment anytime during the 366-day period that begins 365 days prior to the IESD and ends on the IESD
- Using hospice services or receiving palliative care anytime during the measurement year
- Patients who died anytime during the measurement year
- Patients 66 years of age and older with at least two indications of frailty on different dates of service **and** advanced illness
 - Patients must meet both frailty and advanced illness criteria to be excluded.

Measure best practices

- Delay imaging in the initial four weeks of care for low back pain unless some of the following are present: recent trauma; history of cancer; loss of feeling, weakness and/or numbness in the lower limbs; IV drug use; fever; weight loss; or incontinence of the bowel and/or bladder.
- Educate the patient about imaging studies and the potential for radiation exposure.
- Offer alternative treatments such as nonsteroidal anti-inflammatory drugs (NSAIDs) and muscle relaxers, core and low back exercise, massage and physical therapy.

Information regarding inclusion, compliance and exclusions for this measure were sourced from the HEDIS® Measurement Year <2025>: Volume 2: Technical Specifications for Health Plans report.

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