

Dear Provider:

As you are aware, back pain represents a major disease burden with estimates that 80 percent of adults experience low back pain at some point in their lives. In fact, acute low back pain is one of the most common health concerns in the US and represents the leading cause of disability, lost productivity, and healthcare spending for persons younger than 45 years of age. According to the American Chiropractic Association, half of all working Americans experience back pain each year. This results in approximately 15 million office visits per year with costs exceeding 90 billion dollars annually. As a result, employers, government agencies and healthcare providers have an intense interest in managing the care for low back pain.

According to published literature, most of these patients have a nonspecific mechanical etiology for their pain without a triggering event and will improve with conservative therapy. Additionally, published studies and consensus guidelines from multiple professional organizations agree that routine imaging for nonspecific low back pain results in low diagnostic yield and no significant improvement in outcome measures. In fact, there are concerns about associated costs, risks of radiation exposure to reproductive organs, and iatrogenic harm resulting from incidental radiologic findings. However, routine spinal imaging remains a steadfast practice among many providers despite the clinical evidence.

Certainly, there are indications for early imaging in patients presenting with low back pain, the so-called red flags. These include concerns for infection such as immunosuppression, history of HIV, history of IV drug abuse, recent instrumentation, and fever. Concern for malignancy based on a prior history of cancer, unexplained weight loss, and unremitting constant pain is also an indication for imaging. Additional indications include trauma or neurologic findings on exam, which may require additional workup and early referral. Furthermore, if presenting pain is concerning for a vascular etiology, this may be an indication for urgent/emergent evaluation.

However, in the absence of such issues, the National Committee for Quality Assurance (NCQA) has developed Healthcare Effectiveness Data and Information Set (HEDIS) standards regarding imaging practices in adults ages 18 to 75 presenting with nonspecific low back pain of less than 28 days' duration. According to NCQA, routine radiographs are not indicated in this setting. Many national organizations follow those recommendations which are used to evaluate providers and health plans.

The Federal Employee Plan (FEP) is one group using HEDIS criteria to evaluate health plans. Unfortunately, Arkansas Blue Cross Blue Shield currently ranks last among fifty-nine FEP associated Blues plans, ranking in the 5th percentile of eligible FEP members meeting the criteria standard.

While we are confident that our network providers give high quality care, this is an issue we are compelled to address. We are committed to assisting you in managing your patients appropriately and in a cost-effective manner. Therefore, we will be adopting these imaging recommendations in our operational policies effective January 2023. We look forward to working with you and welcome any questions you may have.

Sincerely

Mark T. Jansen, M.D.
Chief Medical Officer
Arkansas Blue Cross and Blue Shield