

## Oregon Health Plan Prioritized List Changes Advanced Imaging for Low Back Pain

The Health Evidence Review Commission approved the following changes to the Prioritized List of Health Services on August 9, 2012, based on the approved coverage guidance, “Advanced Imaging for Low Back Pain.” The changes will take effect for the Oregon Health Plan on October 1, 2012.

### New guideline note:

#### DIAGNOSTIC GUIDELINE NOTE: ADVANCED IMAGING FOR LOW BACK PAIN

In patients with non-specific low back pain and no “red flag” conditions [see Table D4], imaging is not a covered service; otherwise work up is covered as shown in the table.

Electromyography (CPT 96002-4) is not covered for non-specific low back pain.

**Table D4**  
Low Back Pain - Potentially Serious Conditions (“Red Flags”) and Recommendations for Initial Diagnostic Work-up

Possible cause	Key features on history or physical examination	Imaging*	Additional studies*
Cancer	<ul style="list-style-type: none"> <li>History of cancer with new onset of LBP</li> </ul>	MRI	ESR
	<ul style="list-style-type: none"> <li>Unexplained weight loss</li> <li>Failure to improve after 1 month</li> <li>Age &gt;50 years</li> <li>Symptoms such as painless neurologic deficit, night pain or pain increased in supine position</li> </ul>	Lumbosacral plain radiography	
	<ul style="list-style-type: none"> <li>Multiple risk factors for cancer present</li> </ul>	Plain radiography or MRI	
Spinal column infection	<ul style="list-style-type: none"> <li>Fever</li> <li>Intravenous drug use</li> <li>Recent infection</li> </ul>	MRI	ESR and/or CRP
Cauda equina syndrome	<ul style="list-style-type: none"> <li>Urinary retention</li> <li>Motor deficits at multiple levels</li> <li>Fecal incontinence</li> <li>Saddle anesthesia</li> </ul>	MRI	None
Vertebral compression fracture	<ul style="list-style-type: none"> <li>History of osteoporosis</li> <li>Use of corticosteroids</li> <li>Older age</li> </ul>	Lumbosacral plain radiography	None
Ankylosing spondylitis	<ul style="list-style-type: none"> <li>Morning stiffness</li> <li>Improvement with exercise</li> <li>Alternating buttock pain</li> <li>Awakening due to back pain during the second part of the night</li> <li>Younger age</li> </ul>	Anterior-posterior pelvis plain radiography	ESR and/or CRP, HLA-B27
Nerve compression/ disorders (e.g. herniated disc with radiculopathy)	<ul style="list-style-type: none"> <li>Back pain with leg pain in an L4, L5, or S1 nerve root distribution present &lt; 1 month</li> <li>Positive straight-leg-raise test or crossed straight-leg-raise test</li> </ul>	None	None
	<ul style="list-style-type: none"> <li>Radiculopathic signs** present &gt;1 month</li> <li>Severe/progressive neurologic deficits (such as foot drop), progressive motor weakness</li> </ul>	MRI***	Consider EMG/NCV
Spinal stenosis	<ul style="list-style-type: none"> <li>Radiating leg pain</li> <li>Older age</li> <li>Pain usually relieved with sitting (Pseudoclaudication a weak predictor)</li> </ul>	None	None

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	<ul style="list-style-type: none"> <li>• Spinal stenosis symptoms present &gt;1 month</li> </ul>	MRI**	Consider EMG/NCV

\* Level of evidence for diagnostic evaluation is variable

\*\* Radiculopathic signs are defined for the purposes of this guideline as in Guideline Note 37 with any of the following:

- A. Markedly abnormal reflexes
- B. Segmental muscle weakness
- C. Segmental sensory loss
- D. EMG or NCV evidence of nerve root impingement
- E. Cauda equina syndrome,
- F. Neurogenic bowel or bladder
- G. Long tract abnormalities

\*\*\* Only if patient is a potential candidate for surgery or epidural steroid injection

Red Flag: Red flags are findings from the history and physical examination that may be associated with a higher risk of serious disorders. CRP = C-reactive protein; EMG = electromyography; ESR = erythrocyte sedimentation rate; MRI = magnetic resonance imaging; NCV = nerve conduction velocity.

*Extracted and modified from Chou R, Qaseem A, Snow V, et al: Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society. Ann Intern Med. 2007; 147:478-491.*