HERC Coverage Guidance – Advanced Imaging for Low Back Pain
Disposition of Public Comments

General Comments

Stakeholder	#	Comment	Disposition
Health Plan Medical Director Coos Bay, OR	1	I have a small suggestion for ease of use of the guideline: In the initial summary box, I would add to the last paragraph "...serious underlying condition (e.g. cancer or infection) prompt workup with MRI..." I would put that up front because we still have physicians requesting bone scan as a first line test for infection, when as I understand the evidence, the MRI is actually more helpful in that situation. The "red flags" chart at the end addresses this, but because spinal infection is one of the conditions that warrants urgent imaging, I'd put it right up front.	Thank you for your comment. Guidance changed as suggested.
North American Spine Society Burr Ridge, IL	2	The North American Spine Society (NASS) would like to take this opportunity to comment on the recently proposed draft coverage guidance from the Oregon Health Evidence Review Commission (HERC) to revise the current coverage guidance for Advanced Imaging of Low Back Pain. NASS is a multispecialty medical organization dedicated to fostering the highest quality, evidence-based, ethical spine care. In making our recommendations, the imaging studies of MRI, CT, and X-rays are reviewed for low back pain. Additionally, the imaging modalities are separated into categories of without contrast or with contrast, especially for MRI. The contrast segmentation is made as nephrogenic systemic fibrosis, a disorder with a scleroderma-like presentation, may be related to both underlying severe renal dysfunction and the administration of gadolinium-based contrast agents [i], and may be advisable to avoid in selected patients. In determining the appropriateness criteria for imaging of lower back pain, reference is made to the guidelines made by the American College of Radiology (ACR) [i] in making the most appropriate imaging decisions for specific clinical conditions. Therefore, in a similar fashion to the ACR, the recommendations are grouped into categories of usually appropriate, maybe appropriate, and usually not appropriate.	Thank you for providing this background. The evidence source for this guidance is the ACP/PAS guideline for low back pain. Commenter's choice for the use of the ACR appropriateness criteria is not clear. The methodology of the ACP/APS guideline is more robust than the ACR appropriateness criteria. Determination of which advanced imaging test to use and whether to use contrast are beyond the scope of this guidance.
	3	In patients with uncomplicated acute low back pain and/or radiculopathy, and nonsurgical presentation, and with no "red flags," imaging with MRI without contrast, MRI with and without contrast, CT with contrast, CT without contrast, and X-ray, is usually not appropriate. This benign, self-limited condition does not require imaging evaluation [i]. NASS agrees with this position.	Thank you for your comment.
	4	In patients without improvement after 4 weeks, as stated by Chou (2007) [ii], the "reasonable approach is to reevaluate patients with persistent, unimproved symptoms." Also, according to the ACR [i]," imaging is considered for those without improvement after 6 weeks." The challenge for the practicing physician is to identify the small patient group within the large population that should be reevaluated further because of suspicion of a more serious problem. Therefore, NASS feels that after the initial conservative treatment, clinical reevaluation and consideration of imaging becomes important, and the decision needs to be made by the clinical physicians who see the patients with consultation of the radiologist.	EbGS agrees that it is appropriate for patients who are unimproved after 4-6 weeks to be re-evaluated. As stated in the guidance, "Evidence to guide optimal imaging strategies is not available for low back pain that persists for more than one to two months despite standard therapies if there are no symptoms suggesting radiculopathy or spinal stenosis".

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	5	In patients with low back pain and/or radiculopathy who are surgical or interventional candidates, following imaging studies are usually appropriate (MRI without contrast) and maybe appropriate (MRI without and with contrast, CT with contrast, CT without contrast, and X-ray) [i]. NASS believes that Interventional should be the correct description as treatments include not only epidural steroid injection, but other procedures (including but not limited to sensory ganglion blocks, medial branch block, facet injections).	The evidence does not support interventions other than epidural steroid injection and surgery as effective in this population.
	6	Patients with "red flags" and the appropriateness of imaging for each of the segmented classifications are listed here [i]. NASS feels that this is a more comprehensive listing of serious conditions than the table listed in the HERC coverage guidance.	EbGS acknowledges that the list of red flags is not comprehensive, but does not believe that a more comprehensive list is necessary.
	7	1. Patients with one of the following indications: Low velocity trauma, osteoporosis, focal and/or progressive deficit, prolonged symptoms duration, age >70. For this group of patients, MRI without contrast is usually appropriate. CT without contrast or X-ray lumbar spine may be appropriate. MRI with contrast is usually not necessary.	While other tests may be appropriate in some circumstances, Table A lists the test that has the best evidence to support its utility. Specification regarding the use of contrast is beyond the scope of this guidance. Note added to guidance document clarifying that it does not address trauma patients.
	8	2. Patient with one of the following: Suspicion of cancer, infection, and/or immunosuppression. For this group of patients, MRI without contrast and MRI without and with contrast are usually appropriate. CT without contrast, CT with contrast, and X-ray maybe appropriate.	See comment #7
	9	3. Patients with prior lumbar surgery: For this group of patients, MRI without and with contrast is usually appropriate. CT without contrast, CT with contrast, and X-ray may be appropriate.	See comment #7
	10	4. Patients with cauda equina syndrome, multifocal deficits, or progressive deficit: For this group of patients, MRI without contrast and MRI without and with contrast are usually appropriate. CT without contrast, CT with contrast, X-ray may be appropriate.	See comment #7
	11	In reviewing the draft coverage guidance, we recognized that the State of Oregon Evidence-based Clinical Guidelines Project: Advanced Imaging for Low Back Pain published in April 2012 addresses mostly advanced imaging of CT and MRI (Table A) [iii]. There is only a one line statement that thermography and electrophysiologic testing are not recommended, with its reference to American College of Physicians /American Pain Society guidelines [ii] as the basis. This reference also makes similar one line statement with no evidence. Therefore, thermography and electrophysiology testing should be removed from the HERC coverage guidance until more evidence is available. Thank you for the opportunity to relay NASS position on advanced imaging for low back pain. NASS hopes that you will consider the above appropriateness criteria in developing the finalized policy.	The ACP/APS guideline is supported by a full evidence review (Chou R, Huffman L. Evaluation and management of low back pain: evidence review. Glenview, IL: American Pain Soc; 2009). That review included a SR of thermography that found no evidence supporting its use. There was likewise a SR of surface electromyography that found inconclusive and inadequate evidence to support its use. A narrative review of electrophysiology testing in general found no high

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			quality evidence of diagnostic utility, but suggested that it likely has high specificity that may compliment MRI. Guidance changed to clarify that surface electromyography is the non-covered test. EbGS does not agree that the entire statement needs to be removed.