

HEDIS Tip Sheet: Imaging for Low Back Pain (LBP)

Louisiana Healthcare Connections collects quality data from our providers to support evidence-based care. This includes collecting data on low-value care or healthcare services that provide little or no benefit to patients or may even cause harm. One area we monitor closely is unnecessary imaging for low back pain. Appropriate management of acute low back pain improves patient outcomes, reduces avoidable procedures, and supports high-quality care delivery across our network.

What We Measure

HEDIS® LBP: Adults 18–75 with a primary diagnosis of low back pain who did not receive imaging (X-ray, MRI, CT) within 28 days of the initial diagnosis. As this measure is calculated using claims data, accurate coding is important.

Why It Matters

About 75%-85% of American adults experience low back pain at some point in their lives. Clinical guidelines for treating patients with acute low back pain strongly recommend against the use of routine or early imaging. Routine imaging is not recommended unless there are red flag symptoms suggesting a serious underlying condition. When imaging is done without a clear clinical indication, it does not improve recovery and may lead to unnecessary radiation exposure, additional testing, and procedures. Learn more from [NCQA](#).

Best Practices & Documentation

- Document symptom onset and duration.
- Avoid ordering diagnostic imaging in the first four weeks of new-onset back pain unless red flags are present (i.e. neurologic deficits, suspected cancer/infection, fracture/trauma, IV drug use, prolonged use of steroids, or high fracture risk, etc.).
 - Include all diagnoses on claims so patients can be appropriately excluded from the HEDIS measurement when imaging is clinically warranted.
- Provide conservative care first, such as maintaining activity as tolerated, NSAIDs or acetaminophen (if appropriate), heat/ice, stretching, or referral to physical therapy or home exercise guidance.
- Educate the patient on expected recovery timelines and explain why early imaging does not improve outcomes in the absence of concerning symptoms.
- Assess for contributing psychosocial factors, such as depression, anxiety, work-related stress, or opioid dependency risk, and address or refer when appropriate.
- Plan follow-up to reassess symptoms if they persist or worsen.

Resources

- [Imaging for Low Back Pain](#) American Academy of Family Physicians/Choosing Wisely
- [Diagnosis and Treatment of Low Back Pain](#): A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society
- [Diagnosis and Treatment of Low Back Pain](#) VA/DoD Clinical Practice Guideline