

The Centers for Medicare & Medicaid Services (CMS) seeks stakeholder comments on the following measure under development:

TITLE:

Lumbar Spine Imaging for Low Back Pain (respecified version of OP-8)

DESCRIPTION:

The number of magnetic resonance imaging (MRI) or computed tomography (CT) lumbar spine studies for patients with uncomplicated low back pain, for which antecedent conservative therapy was not attempted prior to performing the scan. The measure will be calculated using claims data and is intended for use at the facility level in a CMS accountability program, through which it may be publicly reported.

NOTE: This document provides a draft description of the measure. We seek comments from the public about the measure specification and specific questions outlined in the Questions section of this document. See the narrative measure specifications for more details.

MEASURE RATIONALE:

Acute low back pain, with or without radiculopathy, is one of the most common health problems in the United States (Bradley 2007). It is estimated that the prevalence of low back pain in North America at a given time is 5.6% (Loney and Stratford 1999). According to the American College of Radiology (ACR), uncomplicated acute low back pain is a benign, self-limited condition that warrants no imaging studies (Bradley 2007). Despite consensus that there is little value in diagnostic imaging for acute low back pain, significant practice variation exists for imaging resources, including X-ray imaging, CT, MRI, bone scans, and ultrasound imaging (Modic et al. 2005). Such use has important cost implications, largely due to the high cost of imaging studies and specialty referrals (Rao et al. 2002). The cost of evaluating and treating acute low back pain runs into billions of dollars annually, not including time lost from not working (Luo et al. 2004).

MEASURE INTENT:

The goal of the *Lumbar Spine Imaging for Low Back Pain* measure is to promote high-quality, efficient care; to reduce unnecessary exposure to contrast materials and/or radiation; to ensure adherence to evidence-based medicine and practice guidelines; and to provide data to consumers and other stakeholders about facility imaging use. Current clinical practice guidelines make consistent recommendations that early imaging is inappropriate for patients with uncomplicated low back pain, in the absence of red-flag conditions, as conservative therapies should be the first course of treatment (NICE 2009; ICSI 2010; ACR 2012).

MEASURE HISTORY:

CMS adopted OP-8, *MRI Lumbar Spine for Low Back Pain* during the Outpatient Prospective Payment System (OPPS) Final Rule for Calendar Year 2010; public reporting for OP-8 began in July 2011. The measure was previously endorsed by the National Quality Forum (NQF), but lost its endorsement in 2017 based on its failure to meet the Scientific Acceptability criterion.

In fall 2018, CMS approved the respecification of OP-8 for several reasons: documentation of imaging overuse persists; clinical concept is a primary target of several *Choosing Wisely*® recommendations; and the existing measure demonstrates substantial performance variation

across participating facilities. Respecification of the measure presents an opportunity to align the updated measure with current clinical guidelines and practice, as well as incorporate improvements directly in response to stakeholder feedback.

NEXT STEPS FOR MEASURE RESPECIFICATION:

Following the close of the public comment period, CORE and Lewin will review stakeholders' comments and determine if revisions to the measure specifications are needed.

FEEDBACK:

CMS is seeking feedback on all components of the respecified measure, including the following topics:

- Whether elderly patients with no previously diagnosed underlying etiology, should be excluded from the measure based on their age, alone and the age at which this exclusion should occur;
- Whether, in addition to CT, CMS should consider adding any other imaging modalities, such as CT myelography, to the measure specifications;
- Whether CMS should consider expanding the current list of excluded conditions and if the current list of exclusions is clinically appropriate;
- The usefulness of the *Lumbar Spine Imaging for Low Back Pain* measure to assess and improve the quality of care for Medicare beneficiaries;
- The ability of the measure to assess facility performance; and,
- The potential of unintended consequences following implementation of the OP-8 measure.

REFERENCES:

American College of Radiology [Internet]. Place of Publication: American College of Radiology ACR–ASNR–SCBT–MR practice guideline for the performance of magnetic resonance imaging (MRI) of the adult spine, 2012.

Bradley WG. ACR appropriateness criteria low back pain. *AJNR Am J Neuroradiol*. 2007; 28(12): 990-992.

Institute for Clinical Systems Improvement (ICSI). Adult low-back pain. Bloomington (MN): ICSI; 2010.

Loney PL, Stratford PW. The prevalence of low back pain in adults: a methodological review of the literature. *Physical Therapy*. 1999; 79: 384-396.

Luo X, Pietrobon R, Sun SX, et al. Estimates and patterns of direct health care expenditures among individuals with back pain in the United States. *Spine*. 2004; 29: 79-86.

Modic MT, Obuchowski NA, Ross JS, et al. Acute low back pain and radiculopathy: MR imaging findings and their prognostic role and effect on outcome. *Radiology*. 2005; 237(2): 597–604.

National Collaborating Centre for Primary Care. Low-back pain. Early management of persistent non-specific low back pain. London (UK): National Institute for Health and Clinical Excellence (NICE); 2009.

Rao JK, Kroenke K, Mihaliak KA, et al. Can guidelines impact the ordering of magnetic resonance imaging studies by primary care providers for low back pain? *Am J Manag Care*. 2002; 8(1): 27–35.