Back pain is one of America’s most common health problems. The use of imaging studies for the diagnosis of uncomplicated low back pain has been found to be ineffective and exposes patients to unnecessary ionizing radiation.

**What is the quality measure?**

This measure focuses on your patients ages 18 to 50 who have been diagnosed with uncomplicated low back pain. In these cases, you should wait 28 days from the time of diagnosis to obtain imaging studies. If your patient presents any “Red Flag” indications (cancer, infection, recent trauma, IV drug abuse or neurologic impairment), imaging studies should be done immediately.

**What can you do to improve this quality measure?**

1. Offer conservative therapy options and let patients know pain may persist for a few days.
2. Educate your patients on the rationale for not obtaining an initial imaging study.
3. Caution your patients about receiving imaging studies in other settings (ER, urgent care) unless symptoms change.
4. If “Red Flag” indications are present, obtain an imaging study, but be sure your diagnostic coding reflects the indication.

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**SAMPLE DIAGNOSES FOR NON-“RED FLAG” CONDITIONS:**
- Spondylosis
- Lumbago
- Spinal Stenosis
- Discitis
- Sprain
- Sciatica

**“RED FLAG” CONDITIONS WHERE AN IMAGING STUDY SHOULD BE CONDUCTED:**
- Cancer
- Infection
- Recent Trauma
- IV Drug Abuse
- Neurologic Impairment
- Loss of Bodily Function
- Loss of Feeling or Strength in Legs or Buttocks

continued on back
CPT® CODES TO USE WHEN “RED FLAG” INDICATOR PRESENT:

**Imaging Study:** 72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141-72142, 72146-72149, 72156, 72158, 72200, 72202, 72220

REFERENCE MATERIAL
Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society
http://www.annals.org/content/147/7/478