Lumbar Imaging Treatment Parameters

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• Subp. 1 will stay in 6100, Subp. 2 will be moved to 6200

• Specific definitions from 6100 and 6040 will be incorporated into the language of the new lumbar treatment parameters

• Imaging terms currently in Subpart 1:
  • Effective
  • Appropriate
  • Routine
  • Repeat
  • Alternative
Need for Updates

• Written in 1993, no updates since then
• Outdated imaging modalities are included in the current treatment parameters
• Since last written, the technology of MRI has significantly improved and its cost is much lower
• Newer, more effective types of imaging have been developed
Proposed Format Change for 6100 Subp. 2

• Updated based on established clinical guidelines (American College of Radiology and others)

• Restructured outline for clarity and ease of use

• Minor changes to radiography section

• Updated section on what is not indicated for evaluation reflects changes in standards of practice
New Approach to Outline

• Currently organized by type of imaging
• Trying not to “throw the baby out with the bathwater”
• Reorganized to reflect clinical approach to imaging
• Adds details on urgent/emergent symptoms aka “red flags”
• Decision making prior to or following 6 weeks of optimal conservative treatment
• Addresses acute vs subacute vs chronic low back pain
Duration of Low Back Pain: Definitions

• Acute: Symptoms present for less than 6 weeks
• Subacute: 6 to 12 weeks of symptoms
• Chronic: More than 12 weeks of symptoms
Conservative Treatment

• Currently defined as 8 weeks of treatment (6100 Subp. 2 paragraphs A, B, K)

• Required duration updated from 8 weeks to 6 weeks to reflect multiple society guidelines and standards of practice amongst clinicians

• Regardless of prior history of subacute or chronic pain, the timeline for 6 weeks of conservative treatment begins with the care episode

• For chronic low back pain patients, this approach addresses the exacerbation or aggravation of an underlying condition due to a work-related injury

• Most decisions regarding imaging should require 6 weeks of conservative treatment
Why after 6 weeks of treatment?

- Multidisciplinary evidence-based guidelines recommend against the routine use of spinal imaging for patients with acute low back pain of less than 6 weeks duration in the absence of clear clinical indicators.

- Unnecessary imaging increases costs.

- Exposure of the patient to ionizing radiation.

- Labeling patients with conditions that are not clinically meaningful.

- Routine use of radiographs in the care of low back pain may result in worse outcomes and unnecessary procedures.
Clinical Scenarios
Clinical Scenarios Used in Outline

• Red flags

• New or progressing symptoms

• History of prior lumbar surgery

• With or without radiculopathy (radicular pain)

• Persistent or progressive symptoms during or after 6 weeks of conservative treatment
Red Flags

• Symptoms and signs of cauda equina syndrome

• Progressive neurologic deficit

• High-velocity or significant blunt trauma

• History of cancer, unexplained weight loss, immunosuppression, urinary infection confirmed by urine culture, and/or history of IV drug use when there is concern for cancer or infection
Initial Imaging for Red Flags

Regardless of when symptoms present in the course of care:

• Initial evaluation

• Development during 6 weeks of conservative treatment

• After 6 weeks of conservative treatment

Evaluation ALWAYS requires URGENT imaging that SHOULD NOT require prior authorization!
Indicated Imaging Modalities

• MRI lumbar spine without IV contrast
• MRI lumbar spine with and without IV contrast
• CT lumbar spine
• CT myelography (rarely used)
  • Usually in the setting where MRI is not available or there are absolute or relative contraindications to performing an MRI
• Radiography
Initial Imaging for “Pain Only”

For acute, subacute, or chronic low back pain, with or without radiculopathy, without red flags, and without a history of prior lumbar surgery

• **With no prior management for this episode, imaging is not indicated**

• For patients with subacute persistent or progressive symptoms, including increasing radicular pain, lower extremity numbness, **following 6 weeks** of optimal conservative management, without a history of prior lumbar surgery, imaging is indicated
Radiography Indications

• Text from 6100 Subp. 2 largely unchanged

• Age at the time of injury changed from greater than 50 years to greater than 65 years to reflect updated guidelines

• Adding low-velocity trauma, history of osteoporosis, and history of chronic corticosteroid use

• Allow for AP/lateral x-rays to be performed complementary to MRI/CT
Radiography in Chiropractic Treatment

- American Chiropractic Association (ACA) treatment guidelines indicate that imaging before beginning a course of treatment should depend on the type of modality used.

- ACA congruent with ACR guidelines regarding imaging for acute low back pain (less than 6 weeks of symptoms).
Imaging Modalities Not Indicated

• Discography and post-discography CT lumbar spine
• Thermography
• Diagnostic ultrasound
• MRI Lumbar spine with IV contrast (independent of a study without IV contrast)
• CT Lumbar spine with and without IV contrast
• Data is not there to support their use for lumbar imaging
Thank You!

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