

University of California QPLE - Low Back Pain AUC 2021-08-12

Priority Clinical Area Coverage

This AUC reasonably addresses common and important clinical scenarios within the "Low back pain" Priority Clinical Area (PCA) and thus meets the minimum requirement for qCDSM to cover that PCA. However, by CMS definition of relevancy, it is not considered relevant to that PCA, as further described here <https://qple.ucop.edu/auc>

Condition and Scores

Appropriate - preferred (4)

Appropriate (3)

Radiology consultation recommended (2)

Inappropriate (1)

No AUC applicable (0)

	X-ray L/S spine	CT L/S-spine without	CT L/S with	MR L/S without	MR L/S with and without	Bone scan	OCEBM Evidence Grade*	Ref-Source
No LBP	0	0	0	0	0	0	A	<u>2,3,4</u>
LBP with spinal neoplasm (known or suspected)	1	1	1	2	4	2	A	<u>2,3,4</u>
LBP with spinal infection (known or suspected) or immunosuppression	1	1	1	2	4	1	A	<u>2,3,4</u>
LBP with low back neuro deficit and/or new urinary dysfunction	1	1	1	4	4	1	A	<u>1,2,3,4</u>
LBP with high energy trauma	3	4	2	3	1	1	Consensus	
LBP <6 weeks with no high energy trauma, vertebral fracture (known or suspected), no XR obtained	4	3	2	4	2	1	A	<u>2,3,4</u>
LBP <6 weeks with no high energy trauma, vertebral fracture (known or suspected), XR obtained	2	3	2	4	2	1	A	<u>2,3,4</u>
LBP <6 weeks, +history spinal surgery, no lumbar XR obtained	4	1	1	1	1	1	Consensus	
LBP <6 weeks, +history spinal surgery, XR in last 6 wks	2	4	2	3	3	1	Consensus	
LBP <6 weeks, no red flags	1	1	1	1	1	1	Consensus	
LBP >=6 weeks with radiculopathy, - history spinal surgery	3	3	2	4	3	1	Consensus	
LBP >=6 weeks with radiculopathy, + history spinal surgery	3	3	2	4	4	1	A	<u>2,3,4</u>
LBP >=6 weeks without radiculopathy	4	3	2	4	2	1	A	<u>2,3,4</u>

Red flags = cancer, infection, immunosuppression, lumbar spine neuro deficit, high energy trauma, or history of spinal surgery

CT L/S-spine with and without is inappropriate for all above indications

MR L/S-spine with contrast only (i.e. no noncontrast images) is inappropriate for all above

Myelograms are out of scope of this AUC
When MR would be preferred but there is contraindication to MR, corresponding CT is preferred
When CT with contrast is preferred but there is contraindication to iodinated contrast, CT noncon is preferred
True contraindications to gadolinium contrast are rare -- when MR with/without is preferred but there is gad contraindication, radiology consult is recommended
High energy trauma includes: fall greater than 10 feet, forceful direct blow, motorcycle collision, pedestrian vs motor vehicle, moderate or high speed MVC
*AUC Evidence Grading The Oxford Centre for Evidence Based Medicine is used for assigning AUC grades. The grades are based on the level of evidence of the Grade A = Level 1 Grade B = Level 2 Grade C = Level 3 or less
References 1. Bell, D.A., D. Collie, and P.F. Statham, <i>Cauda equina syndrome: what is the correlation between clinical assessment and MRI scanning?</i> Br J Neurosurg, 2007. 21 (2): p. 201-3. OCEBM Evidence Level 1 2. Chou, R., et al., <i>Diagnostic imaging for low back pain: advice for high-value health care from the American College of Physicians.</i> Ann Intern Med, 2011. 154 (3): p. 181-9. OCEBM Evidence Level 1 3. Chou, R., et al., <i>Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society.</i> Ann Intern Med, 2007. 147 (7): p. 478-91. OCEBM Evidence Level 1 4. Jarvik, J.G. and R.A. Deyo, <i>Diagnostic evaluation of low back pain with emphasis on imaging.</i> Ann Intern Med, 2002. 137 (7): p. 586-97. OCEBM Evidence Level 1