
CBE ID

0514

Title

MRI Lumbar Spine for Low Back Pain

Project

2016-2017 Off-Cycle Activities: Measure Review

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Full Year 2016

Removal Date

Sun, 04/30/2017 - 20:00

Initial Endorsement

Mon, 10/27/2008 - 20:00

Steward

Centers for Medicare & Medicaid Services

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

This measure evaluates the percentage of magnetic resonance imaging (MRI) of the lumbar spine studies for low back pain performed in the outpatient setting where conservative therapy was not attempted prior to the MRI. Antecedent conservative therapy may include claim(s) for physical therapy in the 60 days preceding the lumbar spine MRI, claim(s) for chiropractic evaluation and manipulative treatment in the 60 days preceding the lumbar spine MRI, or claim(s) for evaluation and management at least 28 days but no later than 60 days preceding the lumbar spine MRI. The measure is calculated based on a one-year window of Medicare claims data. The measure has been publicly reported, annually, by the measure steward, the Centers for Medicare & Medicaid Services (CMS), since 2010, as a component of its Hospital Outpatient Quality Reporting (HOQR)

Program.

1.7 Measure Type

Process

1.8 Level of Analysis

Facility, Population: Regional and State

1.9 Care Setting

Emergency Department and Services, Inpatient/Hospital, Outpatient Services

1.14 Numerator

MRI of the lumbar spine studies with a diagnosis of low back pain (from the denominator) without the patient having claims-based evidence of prior antecedent conservative therapy.

1.15 Denominator

The number of MRI of the lumbar spine studies with a diagnosis of low back pain on the imaging claim performed in a hospital outpatient department on Medicare FFS beneficiaries within a 12-month time window.

1.20 Types of Data Sources

Claims Data

6.1.2 Current or Planned Use(s)

Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

6.1.3 Current Use(s)

Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Exclusions

Below, in Section S.11 we provide a detailed list of denominator exclusion conditions. Denominator exclusions are consistent with current guidelines, evidence in literature, and guidance from the measure TEP.

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contained herein.

Risk Adjustment

No risk adjustment or risk stratification

Target Population

Elderly

Use In Federal Program

Hospital Compare, Hospital Outpatient Quality Reporting

Steward Organization

Centers for Medicare & Medicaid Services

Steward POC email

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