NPS MEDICINEWISE

Low back pain: communication is key

Practice Review
MBS data
October 2021

For more information about this Practice Review and RA[a] data, see **nps.org.au/mbs-lowbackpain2021**

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Your MBS data are provided confidentially to you only and are intended for personal reflection on your practice.
Data are not used for any regulatory purposes.
For queries about your data or any of this information, contact NPS MedicineWise:
02 8217 8700 @ info@nps.org.au

13 October 2021

Dear Dr Sample,

NPS MedicineWise routinely sends Practice Reviews with a focus on quality use of medicines and medical tests to clinicians to support continuing quality improvement. This Practice Review focuses on your referrals for lumbosacral X-rays and CT scans and was developed collaboratively with input from GPs and leading practitioners in low back pain management.

Low back pain: use clinical assessment to identify patients who require imaging

In primary care, 90–95% of low back pain presentations are non-specific and do not require imaging.[1] Current guidelines advise that imaging be reserved for cases where the clinical assessment identifies clinical features (red flags) that raise suspicion of a serious underlying pathology.[2,3]

Through the Choosing Wisely Australia initiative, five organisations recommend that health professionals should not request imaging if there are no indicators of a serious cause for low back pain. **choosingwisely.org.au/home**

- Royal Australian and New Zealand College of Radiologists
- Australian Rheumatology Association
- Australian Physiotherapy Association
- Australasian Faculty of Occupational and Environmental Medicine
- Australasian Faculty of Rehabilitation Medicine

Choosing Wisely Australia
An initiative of NPS MedicineWise

Patient education and reassurance is key

Evidence suggests patients believe imaging is needed to confirm the diagnosis of their low back pain.[4] Tailored patient education around self-management and appropriate reassurance is key in managing patient expectations and in optimising outcomes.[5,6] The NPS MedicineWise factsheet '*Low back pain – do you need a scan?*' can be given to patients/carers as a tool to communicate the potential harms of imaging.

What other resources do NPS MedicineWise have to support you?

- Go to nps.org.au/professionals/low-back-pain for resources to support diagnosis of low back pain, including screening tools, clinical guidelines and a patient action plan '*Low back recovery plan*'.

Coming in early 2022 – Low Back Pain Clinical Care Standard from the Australian Commission on Safety and Quality in Health Care supports primary care management of low back pain. Find out more at safetyandquality.gov.au/standards/clinical-care-standards.

Time spent reflecting on this Practice Review has been approved for **2 points (CPD Activity)** under the RACGP CPD Program for the 2020–2022 triennium (activity number: **292159**). Questions for reflection are provided for you to record your learning. Answer the CPD questions at nps.org.au/lowbackpaincpd.

I encourage you to reflect on your individual report and approach to managing low back pain.

Yours sincerely,

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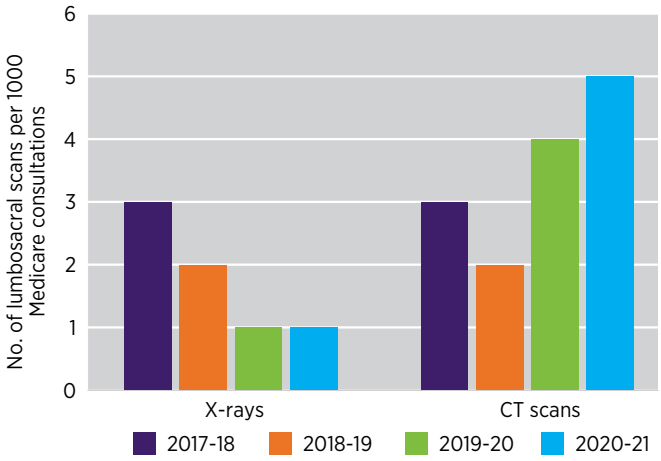
How to use your confidential Practice Review

This Practice Review is intended to support clinical decisions regarding lumbosacral imaging by providing an overview of current best practice recommendations alongside your individualised MBS referral data. Consider your practice profile (see overleaf) and your patients' indications for imaging referrals when reflecting on these data.

Has your lumbosacral imaging requests changed over time?

In the financial year 2020-21, you requested 4 lumbosacral X-rays and 22 lumbosacral CT scans for your patients.

Fig. 1 – Lumbosacral imaging over time



Points for reflection

- A thorough history and clinical examination will guide whether imaging is indicated.[1]
- Refer patients for lumbosacral imaging if red flags are present in combinations that raise suspicion of serious pathology. (See Table 1).[1,3]
- Harms associated with imaging include exposure to radiation and incidental findings[7] which can lead to further investigations and referrals, increased patient anxiety and unnecessary treatment (e.g. surgery).[6]

Table 1. Imaging guide[6]

Red flags	Condition of concern (Prevalence in primary care %)	Preferred imaging modality
Older age (> 65 years for men, > 75 years for women); Prolonged corticosteroid use; Severe trauma; Contusion or abrasion.	Vertebral fracture (0.7–4.5%)	X-ray, possible CT
History of malignancy; Strong clinical suspicion; Unexplained weight loss, > 50 years.	Malignancy (0.2%)	Urgent MRI[a], Consider X-ray where appropriate
Fever or chills; Immune compromised patient; Pain at rest or at night; Intravenous drug user; Recent injury, dental or spine procedure.	Spinal infection (0.01%)	Immediate[b] MRI[a], Consider X-ray where appropriate
New bowel or bladder dysfunction; Perineal numbness or saddle anaesthesia; Persistent or progressive lower motor neuron changes.	Cauda equina syndrome (0.04%)	Immediate[b] MRI[a]

[a] Note that lumbar spine MRI is not covered by the Medicare Benefits Schedule if referred by GP.
[b] Through nearest acute or emergency service.

CPD: Question for reflection

- What approach will you take when deciding whether to refer a patient with low back pain for imaging?
- How will you discuss the harms of imaging with your patients/carers?

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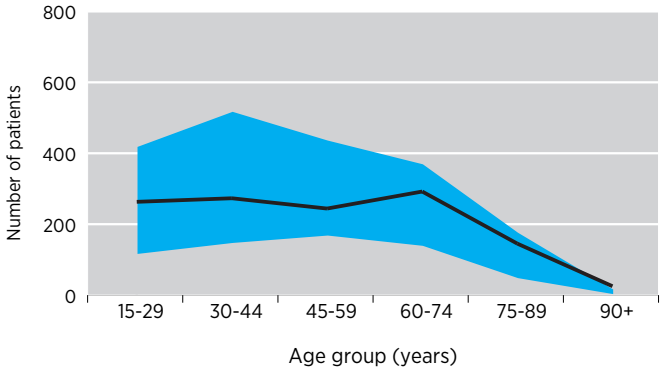
Practice profile

The age profile of your patients compared to other GPs can help you to interpret your imaging referral data.

Your remoteness area (RA) peer group is **Major City**.



The black line represents the age profile of patients in your practice. The shaded area lies between the 25th and 75th percentile for GPs in your RA.

Points for reflection

- Reassure patients that most episodes of non-specific low back pain are self-limiting, and the majority will improve within 4–6 weeks.[3]
- Advise patients that first-line management is staying active.[7]
- Good communication (see Table 2) can help manage patient/carer expectations.[8] Below is an example of a conversation starter in response to a request for an X-ray:

  '*An X-ray is unlikely to find the reason for your back pain and may show age-related changes in your spine that are unrelated to your pain. Knowing about these changes may cause you additional worry and lead to further unnecessary tests and procedures which you otherwise would not have had.*'
- The NPS MedicineWise consumer factsheet '*Low back pain – do you need a scan?*' can also facilitate conversations with patients/carers.

Which age groups did you request a lumbosacral image for in 2020–21?

Fig. 2 – Lumbosacral X-rays in 2020–21

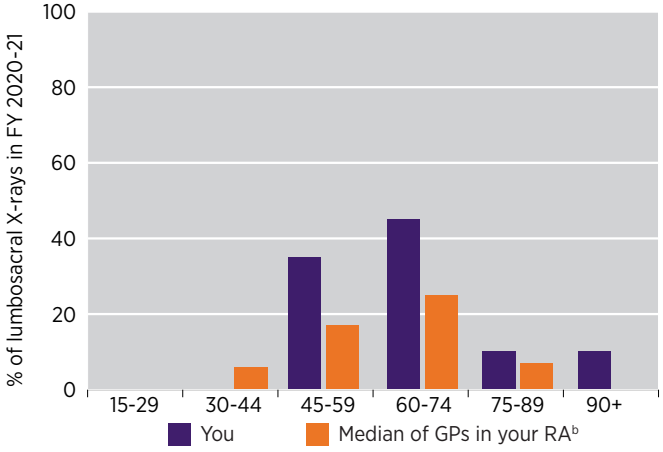


Fig. 3 – Lumbosacral CT scans in 2020–21

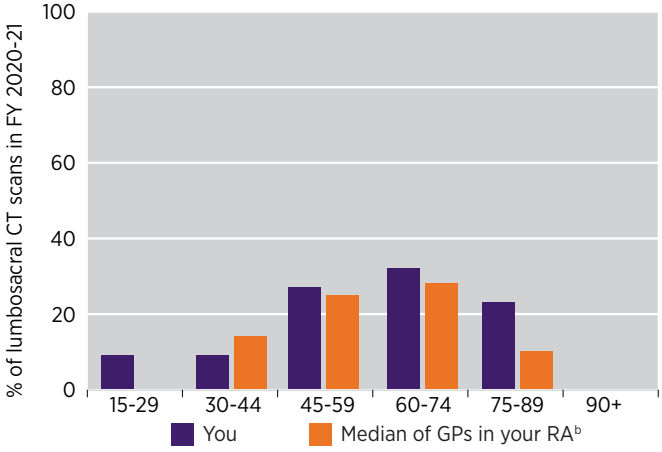


Table 2. Communication tips[9]

Show that you 'know the whole story' by summarising the patient's medical history and conducting a thorough assessment.
Demonstrate empathy by acknowledging the patient's experience.
Reassure your patients that back pain is common and help the patient feel that they are 'seeing the right person'.
Reduce the use of generic statements such as 'nothing to worry about' and increase the use of validating statements that recognise the patient's distress.
Explain the likely cause(s) of low back pain and provide a clear self-management plan to help the patient understand and manage.
Asking the patient to tell you what they have understood in their own words can be helpful.

CPD: Questions for reflection

- How will you provide patient/carer reassurance that imaging is not required?
- How will you actively involve your patients in low back pain management?
- Describe any identified areas for improvement as a result of reflecting on this Practice Review

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Your Medicare patients (1 July 2020 to 30 June 2021)

Patients	You	Median of GPs in your RA
Total Medicare	**1178**	**1246**

Department of Veterans' Affairs health card holders are not included.

Notes

a. Data shown are an aggregate of all your provider locations.
b. The comparator group 'RA' includes all GPs currently located in a similar geographical location.

The data are not used for any regulatory purposes and NPS MedicineWise provides this information for your reflection only. The data are from Services Australia and include imaging referrals on the MBS for your patients.

References

1. Bardin LD, et al. Med J Aust 2017;206:268–73.
2. Almeida M, et al. Med J Aust 2018;208:272–5.
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8. Slade SC, et al. Clin J Pain 2016;32:800–16.
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