

Musculoskeletal

Imaging for LBP in primary and emergency care

...how many patients seeking primary or emergency care due to LBP get imaged?

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A quarter of patients with low back pain (LBP) seeking primary care and a third of those seeking emergency care underwent some form of imaging examination.

During the study period (1995 to 2015), there were no major changes in the proportion of patients undergoing simple imaging examinations. However, the proportion of patients undergoing complex imaging increased over 50% (from 7.4 to 11.4%), despite the growing evidence and sources of education about the overuse and overreliance of imaging modalities for LBP.

These are the findings of an Australian research group that conducted a large systematic review with meta-analysis on this topic.

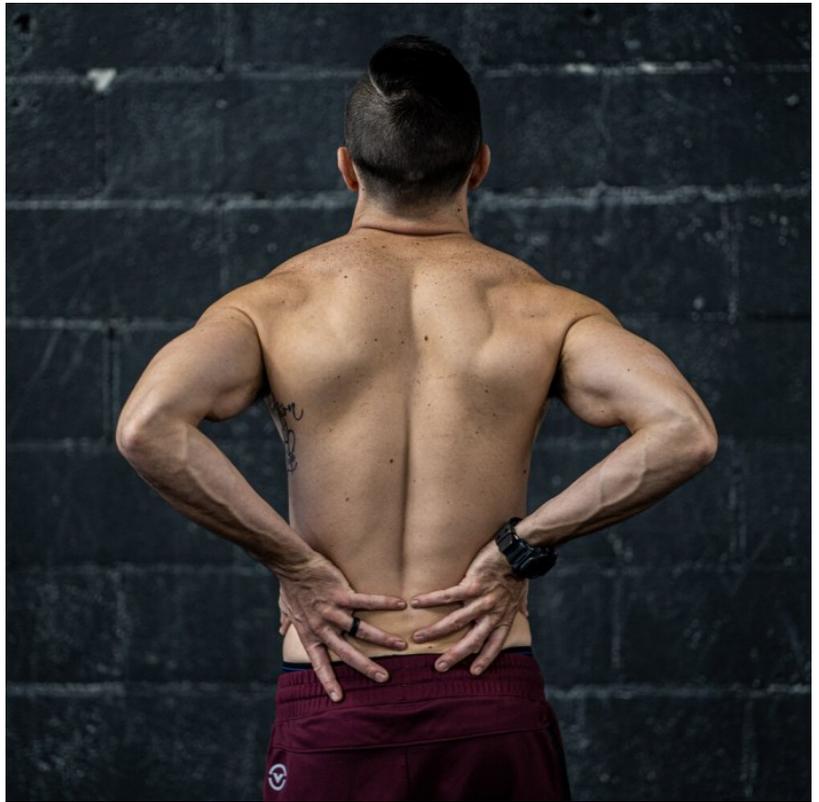
Despite the high prevalence and burden of LBP, it is known that most episodes do not have an identifiable pathoanatomical cause. Additionally, imaging for non-radicular pain LBP is only recommended when a specific disease process is suspected. Imaging rates range between 20-25% across countries. However, these estimates are not based on systematic reviews of studies.

Forty-five observational and controlled trial studies performed between 1995 and 2015 were included in this systematic review with meta-analysis. Study quality was assessed using the GRADE system. Evidence quality ranged from moderate to high.

The almost 20 million appointments in the included studies led to over 4.3 million imaging procedures. The imaging rate for LBP remains high and has even increased in the case of complex imaging.

Reducing this rate is important not only to use medical resources more efficiently, but also to promote better quality care, since excessive imaging can increase radiation exposure, lead to overdiagnosis, and mistakenly attributing the cause of LBP to imaging findings.

Therefore, more effective interventions to reduce imaging for LBP in primary must be implemented.



Expert opinion

It is concerning that the imaging rate for LBP in primary and emergency care remains, but it is even more worrying to note the increase in complex imaging seen over 21 years.

This review included a massive number of medical appointments over a long time period and thus provides solid evidence on this topic. This persistently high rate may be due to multiple factors.

On one hand, clinicians may be resistant to change and may use imaging as a means of feeling safer. Patient preference may also influence this rate. Finally, insurance providers may require imaging findings in order to justify further treatment.

However, all these factors are based on the wrong assumption of a solid relationship between imaging findings, cause of LBP, and decisions about treatment. As the authors highlight, more effective interventions to reduce this rate remain needed.

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