

INFOBulletin

Keeping health care providers informed of payment, policy or program changes

To: Providers, Hospitals and Primary Care Settings

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**Re: Provincial Strategy for X-Ray, Computed Tomography (CT)
and/or Magnetic Resonance Imaging (MRI) for Low Back Pain**

This INFOBulletin is an update to:

- [Bulletin # 4561](#) distributed May 8, 2012
- [Bulletin #4563](#) distributed June 4, 2012

Provincial Low-Back Pain Strategy

In order to improve the quality and efficiency of treatment for low-back pain, the province of Ontario is launching a strategy to:

- decrease wait times for medically-necessary diagnostic imaging, and
- improve outcomes for patients suffering from low back pain.

The strategy has three components:

1. Schedule of Benefits amendment
2. Provincial provider education and support
3. Low back pain pilot program - Inter-professional Spine Assessment and Education Clinics (ISAEC)

1) Schedule of Benefits Amendment

Effective April 1, 2012: New language was added to the [Schedule of Benefits for Physician Services](#) effective April 1, 2012 noting that imaging studies of the lumbar spine should not be ordered or rendered without suspected or known pathology. Examples include but are not limited to: functionally significant or progressive neurological deficits, infection, tumor, osteoporosis, ankylosing spondylitis, fracture, inflammatory process, radicular syndrome, neurogenic claudication, and cauda equine syndrome.

This change is supported by the evidence in numerous published studies, clinical practice guidelines and expert panel recommendations. It has been clearly demonstrated that the majority of diagnostic imaging tests of the lumbar spine demonstrate abnormalities that are typically non-specific in both symptomatic and asymptomatic individuals (e.g. the majority of these abnormalities is due to natural 'wear and tear'). Furthermore, the evidence shows that **X-ray, CT and MRI for chronic low back pain is not a useful test (i.e. does not change the management or outcome of the patient) unless there are specific symptoms or signs that suggest a serious cause for pain.**

As always, OHIP payment is only authorized for services that are medically necessary to the individual patient's circumstances.

Who it affects: This change applies to **all** referring providers and specialists.

What happens if inappropriate ordering occurs: If there is a concern that a provider's practice patterns are outside of the norm, the first action will be an educational intervention. As a last resort, the Ministry of Health and Long-Term Care can refer concerns regarding medical necessity to the Physician Payment Review Board.

How do I document medical necessity? The referring provider demonstrates medical necessity by documenting in the clinical record the reason for the diagnostic study based on clinical circumstances of the patient. **The outcome of the imaging study does not determine whether the test was necessary.** For example, if a provider orders a CT scan for a patient with low back pain and associated radicular pain into the right leg, but the CT scan does not assist in diagnosing a specific cause, the test would be insured even though the result is inconclusive or negative.

2) Provincial primary care provider education and support

A provincial education program will be available for all referring primary care providers:

- Phase one: Online tools in November 2012
- Phase two: Online and in-person continuing education training starting February 2013.

The online education component is geared toward referring primary care providers in various practice settings and will provide:

- training on current clinical practice guidelines for assessing and treating low back pain,
- access to evidence-based materials to educate patients on how to manage low back pain, and
- decision-aides to support providers in engaging patients in their care.

The in-person and online training will focus on how to:

- identify red and yellow flags associated with diagnosis and prognosis of low back pain,
- apply the current low back pain guidelines and clinical tools to initiate initial management, and to ensure appropriate referrals when deemed necessary.

Please continue to check www.health.gov.on.ca/en/ms/ecfa/pro/initiatives/lower_back.aspx for more information.

3) Low back pain pilot program - Inter-professional Spine Assessment and Education Clinics (ISAEC)

Launching November 2012: The ministry is funding University Health Network (UHN) to implement a low back pain pilot program called Inter-professional Spine Assessment and Education Clinics (ISAEC).

The pilot will test and evaluate a new model of care in which inter-professional allied health care teams offer low back pain patients timely assessment, education and shared-care treatment plans focused on self-management strategies.

ISAEC patients will be provided with more streamlined and evidence-based access to specialists and diagnostic imaging services when indicated. Through ISAEC, primary care providers (family physicians, general practitioners and nurse practitioners) involved in the pilot will be provided with low back pain education and an integrated referral alternative for their low back pain patients.

To be granted referral access, primary care providers must submit an Expression of Interest form (see below), complete one day of training in low back pain assessment and management and agree to the pilot's terms and conditions.

Who is eligible to participate in this pilot? Regional ISAECs will be established in Toronto, Hamilton, and Thunder Bay. If you are a primary care provider practicing in these cities or surrounding areas and are interested in participating in this innovative pilot, please go to: www.isaec.org/expression-of-interest.html to complete the Expression of Interest form.

Due to capacity constraints, not all who submit an Expression of Interest form will be invited to participate in the pilot.

Physicians without access to the Internet can contact ServiceOntario at 1-800-668-9938.

This INFOBulletin is a general summary provided for information purposes only. Physicians, hospitals, and other health care providers are directed to review the [Health Insurance Act, Regulation 552](#), and the Schedules under that regulation, for the complete text of the provisions. You can access this information at www.e-laws.gov.on.ca. In the event of a conflict or inconsistency between this bulletin and the applicable legislation and/or regulations, the legislation and/or regulations prevail.