

INFOBulletin

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

To: Physicians and Hospitals

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Re: Computed Tomography (CT) and/or Magnetic Resonance Imaging (MRI) for Chronic Low Back Pain

This Bulletin is an update to [Bulletin #4561](#) distributed May 7, 2012.

OHIP payment eligibility for diagnostic services for chronic low back pain

Best practices for CT scans and MRIs for lower back pain reveal that more targeted use of diagnostic tools helps to better support those patients with serious medical conditions such as infections or cancer. Targeted use also leads to earlier treatment for those patients with less serious symptoms by eliminating unnecessary diagnostic tests.

Numerous published studies, guidelines and expert panel recommendations on the management of low back pain show that CT/MRI for chronic low back pain is not a useful test unless there are specific symptoms or signs that suggest a serious cause for pain. Reducing inappropriate utilization has also been shown to be successful with an integrated evaluation and management program for low back pain.

As a result, use of these guidelines will be promoted and OHIP payment eligibility will continue to be limited to services that are medically necessary to the individual patient's circumstances, informed by the best available evidence. New language has been added to the Schedule of Benefits for Physician Services (Schedule) noting that studies of the lumbar spine should not be routinely ordered or rendered without suspected or known pathology.

Examples of studies of the lumbar spine with suspected or known pathology include but are not limited to:

- infection
- tumour
- osteoporosis
- ankylosing spondylitis
- fracture
- inflammatory process
- radicular syndrome
- cauda equina syndrome

The ordering physician 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 study does not determine whether the test was necessary. For example, if a physician orders a CT scan for a patient with back pain that radiates 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.

Supports to improve patient care

To help you communicate these changes to your patients, non-technical, patient-focused self-management materials with further information will be provided in subsequent bulletins. In addition, provider education with supports and tools will begin this fall.

What happens if the ministry thinks I'm ordering tests that aren't medically necessary?

This initiative focuses on the education of patient and provider. However, if a concern arises regarding the ordering practice of an individual provider, the ministry may contact the provider as part of the physician payment review process. An individual physician may receive an educational letter as part of the Provider Education Program or other assistance. The final step of any payment concern is OHIP referring concerns to the Physician Payment Review Board. If the diagnostic service was found to be not medically necessary in accordance with s. 18.2 (1) and 18.2 (2) of the *Health Insurance Act*, the physician requesting the diagnostic service will be responsible for repayment.

How does this change affect diagnostic services requested before April 1, 2012?

The requirement for medical necessity for any insured service is not new, nor is the ability for the General Manager of OHIP to review claims that may not be medically necessary. The April 1, 2012 amendment to the Schedule is articulating the best available evidence for when imaging individuals with low back pain is necessary.

Links

- Schedule of Benefits for Physician Services under the Health Insurance Act - Magnetic Resonance Imaging (MRI):
http://www.health.gov.on.ca/english/providers/program/ohip/sob/physserv/f_mri.pdf
- Clinical Practice Guidelines: Low Back Pain:
http://www.topalbertadoctors.org/cpgs.php?sid=63&cpg_cats=85

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

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This Bulletin 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.