

Driscoll Health Plan Medical Necessity Guideline

Medical Necessity Guideline:	Creation Date:	Review Date:	Effective Date:
Back Pain – Physical Therapy	07/28/2014	05/26/2026	07/28/2026

PURPOSE:

To define the conditions and requirements for therapy requests for acute and chronic “back pain” without associated trauma or neurological deficits.

DEFINITIONS:

Back pain - a common disorder involving the muscles, nerves, and bones of the back. Pain can vary from dull constant ache to a sudden sharp feeling. Pain may be classified by duration as **Acute** (pain lasting less than 6 weeks), **Sub chronic** (6-12 weeks), or **Chronic** (more than 12 weeks).

GUIDELINE:

Based on evidence-based studies and research, DHP considers appropriate physical therapy treatment of back pain, without associated trauma or neurological deficit, as short-term therapy tapering to low frequency with a transition to a robust home plan.^(1, 2, 3)

Documentation Requirements: Therapy requests should include clinical notes with medical diagnoses, history of the pain to include a history of trauma or other etiology, chronicity, previous treatments or therapy, and a treatment plan that clearly justifies the proposed treatment frequency and intensity, and transition to a robust home program.

BACKGROUND:

Acute low back pain is defined as pain, increased muscle tone, and stiffness localized below the costal margin and above the inferior gluteal folds, sometimes accompanied by radiating pain, for up to 6 weeks:⁽¹⁰⁾

- Pain that continues but does not exceed 12 weeks is defined as subacute
- Pain that continues past 12 weeks is defined as chronic
- The acute phase is further defined as early acute phase if it has been less than 2 weeks, and late acute phase if it is between 2 and 6 weeks
- If pain returns after complete recovery, it is considered acute recurrent

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Acute back pain may result from various causes such as overexertion using the back muscles, poor posture including body mechanics and/or ergonomics, lumbar disc disease, facet joint syndrome, sacroiliac joint dysfunction, and other pelvic girdle pain. However, a specific etiology is identified in only about 15% of cases.

Based on systematic reviews from Canada and Spain, good evidence supports physical therapy for pain management and patient education to stay active during the acute phase of low back pain (LBP).⁽⁴⁾ A current review of the literature demonstrates that there is insufficient evidence to support the use of supervised, individualized exercise therapy in acute LBP.^(3, 4, 5) However, investigators in the United States found that in patients with recent-onset LBP, early physical therapy resulted in statistically significant improvement in disability, but the improvement was modest and did not reach the minimum clinically significant difference compared with the usual care. The early physical therapy group received four physical therapy sessions over the course of 3 weeks, consisting of manipulation and exercise.

Physical activity of any kind is an effective treatment for chronic lower back pain⁽⁶⁾. Authors of a 2018 systematic review conducted in China have concluded that patients with LBP who participate in an aquatic exercise program can have a significant reduction in pain, as well as improved physical functioning.⁽⁷⁾

For recovery maintenance and/or prevention of recurrent back pain: Continuation of home exercise plans were found effective and well-tolerated to maintain optimal physical functioning.^(5, 8) Avoidance of provocative activities, patient education^(3, 8, 9, 10), and the use of shoe insoles and lumbar supports are not recommended for the prevention of LBP.⁽⁵⁾

The prognosis in acute LBP is good, with recovery or improvement in 80 - 90% of cases after 6 - 8 weeks.⁽¹¹⁾ However, in the first year following an acute episode, 60 - 86% of those affected experience a recurrence, and an estimated 2 - 3% develop chronic, disabling LBP.

PROVIDER CLAIMS CODES:

CPT				
97110	97112	97113	97116	97124
97140	97530	97535	97537	

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ICD 10				
M54	M54.1	M54.3	M54.4	M54.5
M54.6	M54.8	M54.9	M48	M48.3
M48.4	M48.5	M48.8	M48.9	M53
M53.2	M53.3	M53.8	M53.9	

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DOCUMENT HISTORY:

DHP Committee that Approved	Review Approval Date (last 5 years)				
Medical Director	06/07/2022	05/23/2023	05/24/2024	05/23/2025	05/26/2026
CMO	06/07/2022	06/06/2023	05/24/2024	06/10/2025	06/16/2026
Medical Policy Workgroup	06/07/2022	06/06/2023	06/11/2024	06/10/2025	06/16/2026
Provider Advisory Committee (PAC)	06/17/2022	06/09/2023	07/01/2024	06/24/2025	06/16/2026
Clinical Management Committee	06/24/2022 & 08/23/2022	07/20/2023	07/24/2024	07/01/2025	07/21/2026
Executive Quality Committee	06/28/2022	07/25/2023	07/30/2024	07/17/2025	07/28/2026

Document Owner	Organization	Department
Dr. Dan Doucet, Medical Director	Driscoll Health Plan	Utilization Management

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<i>Review/Revision Date</i>	<i>Review/Revision Information, etc.</i>
08/07/2014	No change
09/01/2015	No change
11/01/2016	No change
03/30/2017	Recommendation by DHP Physical Therapists to address member with chronic LBP in a standard format.
11/01/2017	No change
11/19/2018	Added references
11/30/2019	Change in format, addition of descriptions, guidelines, and improved language. Significant updating of references and addition of additional references by Dr. Brendel.
05/07/2020	Update in format and language
06/04/2020	Format changes
06/16/2020	Final review
05/18/2021	Added 3 new references, validated other references and codes – Dr. Brendel
05/20/2022	Reviewed by Dr. Albert Gest
05/23/2022	Reviewed and edited by Dr. Fred McCurdy
05/23/2023	Reviewed by Drs Noorullah Akthar and Fred McCurdy
05/24/2024	Reviewed and Revised by Drs. Dan Doucet and Fred McCurdy
05/13/2025- 05/23/2025	Annual review and revision initiated 5/13/2025 and completed on 05/23/2025 by Tamara Gonzalez and Dr. Dan Doucet
5/26/2026	Annual review and revision initiated 5/26/2026 and subsequently completed by Tamara Gonazalez and Dr. Dan Doucet

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