

JAMA Report - Cost of Treating Back and Neck Pain Rises Sharply

By Rita Rubin, USA TODAY

The cost of diagnosing and treating back and neck problems rose substantially over the past decade, but Americans might not be getting their money's worth, a study suggests today.

Back and neck problems are among the main reasons for doctor visits, the authors write in the *Journal of the American Medical Association*. In a 2002 survey of U.S. adults, the authors write, just over a quarter of respondents said they'd had lower back pain in the previous three months.

The researchers analyzed data from an annual government survey of a representative sample of the U.S. adult population. Participants were asked to report all health conditions, including back and neck problems. The researchers also used data from related surveys of doctors and pharmacists to estimate how much money was spent on various health conditions.

From 1997 through 2005, the average medical expenditure for respondents who said they had spine problems was 73% greater than that of those who didn't, the authors write.

After adjusting for inflation, medical expenditures by Americans with back or neck problems rose an estimated 65% from 1997 through 2005, more rapidly than health expenditures by Americans overall, the authors write. Yet, they say, the estimated proportion of people with spine problems who reported having physical function limitations rose from 20.7% to 24.7% during that same period.

"As we're spending a lot of money on spine problems, we would expect that that investment would be commensurate with improvements in spine problems," said lead author Brook Martin, a research scientist in orthopedics and sports medicine at the University of Washington.

Alan Hilibrand, speaking for the American Academy of Orthopaedic Surgeons, challenged Martin's conclusion that spending on spine problems has outpaced overall medical spending. Hilibrand, an orthopedic surgery professor at the Temple University School of Medicine in Philadelphia, pointed out that the difference in health care expenditures for people with spine problems and those without was 72% in 1997 and 73% in 2005.

In 2005, most of the differences in expenditures between those reporting spine problems and those who did not were in three areas: outpatient services, inpatient services and prescription drugs, the researchers write. The greatest rise in absolute dollars from 1997 through 2005 was for outpatient visits, which accounted for \$30.8 billion – 36% – of spine-related medical expenditures in 2005.

Other increases might be a result of such factors as medical imaging and diagnostic tests, spinal injections and spinal fusion surgery, the authors write. They concluded that the USA might be able to safely reduce spending for spine problems without harming Americans' health.

"I think the article is timely," University of Pittsburgh geriatrician Debra Weiner said. "When I saw it, I

said, 'Yep, this is what people need to hear.' "

In a study published in 2006, Weiner and her co-authors concluded that doctors were increasingly ordering often unnecessary MRIs for Medicare patients with lower back pain. "Doctors are not taught in medical school or their post-medical school training about how to evaluate people with back pain," says Weiner, director of the Older Adult Pain Management Program at her university. "Because they are not taught, the fallback position is often advanced imaging, like MRIs."

Yet, she says, older people who don't have back pain often have MRIs that look similar to those of back pain patients who end up having surgery.

Says Martin: "Nobody has a good answer for how much is too much" treatment for spine problems.