

In-person vs Telemedicine Image Referral Patterns for Patients Presenting with Low Back Pain

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Objective

The COVID-19 pandemic significantly altered many aspects of medical practice. One of those changes was a greater reliance on telemedicine. At that time, it was a relatively newer practice, and the current research on the differences between in-person vs telemedicine appointments was limited. This study aimed to see if there is a difference between the amount and type of radiographic images ordered for new patients presenting with a chief complaint of low back pain when comparing in-person vs telephone appointments.

Design

This retrospective cohort study looked at the difference in the percentage of total imaging ordered among in-person vs telephone visits with further subdivisions, including lumbar MRIs, lumbar X-rays, and cervical MRIs among 542 Veterans.

The main outcome measure was the difference in the percentage of total imaging ordered among in-person vs telephone visits with further subdivisions, including lumbar MRIs, lumbar X-rays, and cervical MRIs.

Setting

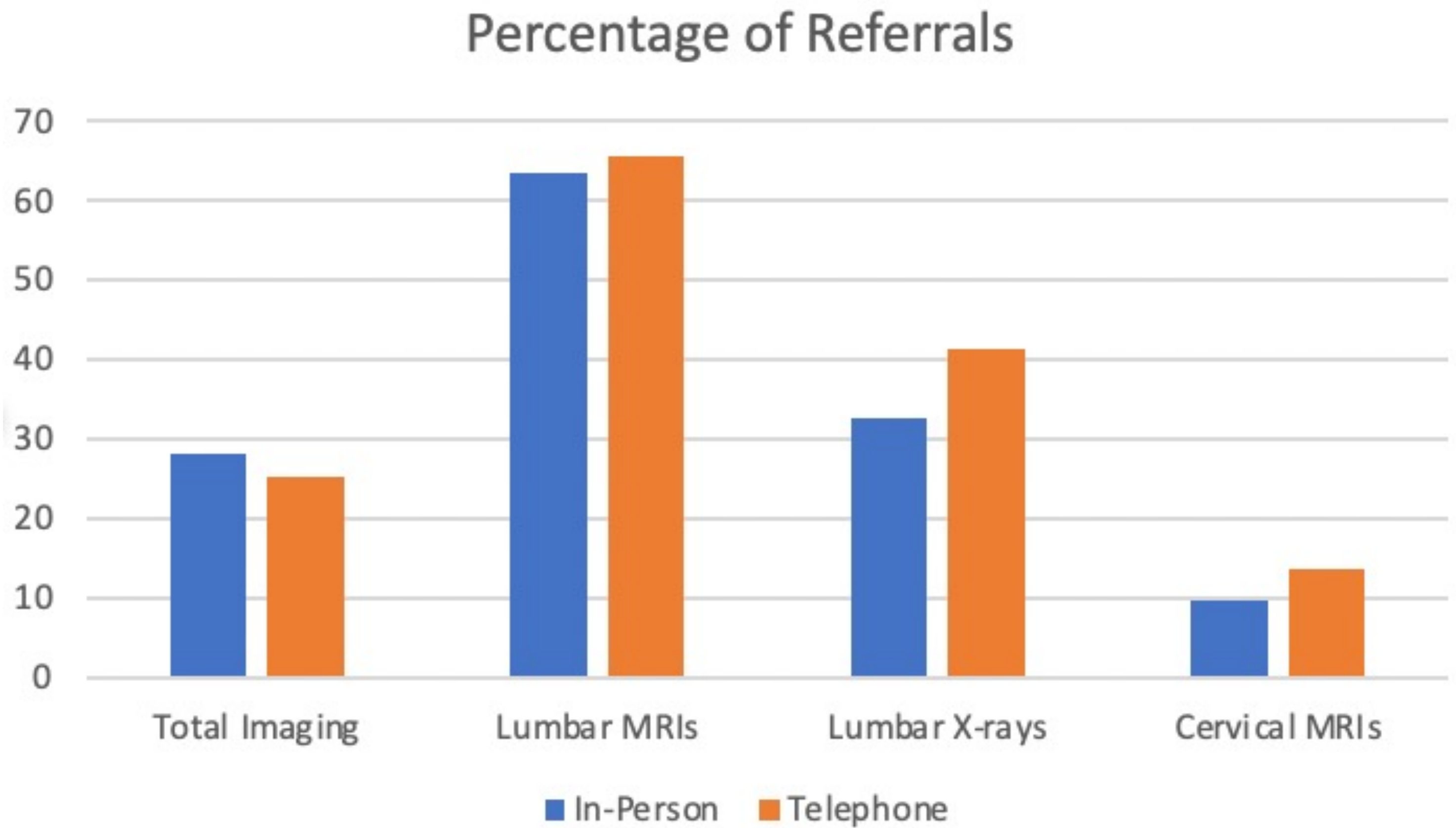
Multi-campus outpatient physical medicine and rehabilitation clinic.

Participants

Female and male veterans

Results

Total imaging: In Person 28.81%; Telephone 25.22%;
P-value 0.447; Chi Square 0.578
Lumbar MRIs: In Person: 63.41%; Telephone 65.52%;
P-value 0.832; Chi Square 0.045
Lumbar X-rays: In Person: 32.52%; Telephone 41.38%;
P-value 0.366; Chi Square 0.818
Cervical MRIs: In Person 9.76%; Telephone 13.79%;
P-value 0.524; Chi Square 0.406



Results

There was no statistically significant difference noted among total imaging, lumbar MRIs, lumbar X-rays or cervical MRIs ordered when comparing in person to telephone visits.



Conclusions

While there are many differences between in-person and telemedicine visits, this study suggests that there is no statistically significant difference in the percentage of total imaging, lumbar MRIs, lumbar X-rays, or cervical MRIs ordered when comparing in-person to telephone visits when seeing a patient for their initial visit for low back pain. This study is limited in that there might be additional factors or symptoms that could have led to the ordering of referrals or images. The findings of this study can help us better understand how telemedicine might affect medical practice going forward, but more research is needed to better understand this new normal.

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