FEP Medical Policy Manual

FEP 8.03.09 Vertebral Axial Decompression

Effective Policy Date: July 1, 2021

Original Policy Date: June 2012

Related Policies:

None

Vertebral Axial Decompression

Description

Description

Vertebral axial decompression applies traction to the vertebral column to reduce intradiscal pressure, and in doing so, potentially relieves low back pain associated with herniated lumbar discs or degenerative lumbar disc disease.

OBJECTIVE

The objective of this evidence review is to evaluate whether the use of vertebral axial decompression improves the net health outcome for individuals with chronic lumbar pain due to disc-related causes.

POLICY STATEMENT

Vertebral axial decompression is considered **investigational**.

POLICY GUIDELINES

In general, during treatment, the patient wears a pelvic harness and lies prone on a specially equipped table. The table is slowly extended, and a distraction force is applied via the pelvic harness until the desired tension is reached, followed by a gradual decrease of the tension. The cyclic nature of the treatment allows the patient to withstand stronger distraction forces compared with static lumbar traction techniques. An individual session typically includes 15 cycles of tension, and 10 to 15 daily treatments may be administered.

BENEFIT APPLICATION

Experimental or investigational procedures, treatments, drugs, or devices are not covered (See General Exclusion Section of brochure).

FDA REGULATORY STATUS

Several devices used for vertebral axial decompression have been cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process. Examples of these devices include the VAX-D, Decompression Reduction Stabilization (DRS) System, Accu-SPINA System, DRX-3000, DRX9000, SpineMED Decompression Table, Antalgic-Trak, Lordex Traction Unit, and Triton DTS. According to labeled indications from the FDA, vertebral axial decompression may be used as a treatment modality for patients with incapacitating low back pain and for decompression of the intervertebral discs and facet joints.

FDA product code: ITH.

RATIONALE

Summary of Evidence

For individuals with chronic lumbar pain who receive vertebral axial decompression, the evidence includes randomized controlled trials (RCTs). Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Evidence for the efficacy of vertebral axial decompression on health outcomes is limited. Because a placebo effect may be expected with any treatment that has pain relief as the principal outcome, RCT s with sham controls and validated outcome measures are required. The only sham-controlled randomized trial published to date did not show a benefit of vertebral axial decompression compared with the control group. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

SUPPLEMENTAL INFORMATION

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in <91>Supplemental Information" if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

No guidelines or statements were identified.

U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

In 1997, Medicare issued a national noncoverage policy (160.16) for vertebral axial decompression.[7.]

REFERENCES

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3. Isner-Horobeti ME, Dufour SP, Schaeffer M, et al. High-Force Versus Low-Force Lumbar Traction in Acute Lumbar Sciatica Due to Disc Herniation: A Preliminary Randomized Trial. J Manipulative Physiol Ther. Nov 2016; 39(9): 645-654. PMID 27838140
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6. Harte AA, Baxter GD, Gracey JH. The effectiveness of motorised lumbar traction in the management of LBP with lumbo sacral nerve root involvement: a feasibility study. BMC Musculoskelet Disord. Nov 29 2007; 8: 118. PMID 18047650
7. Centers for Medicare & Medicaid Services. National Coverage Decision (NCD) for Vertebral Axial Decompression (VAX-D) (160.16). 1997; https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=124&KeyWord=vertebral%20axial%20decompress&KeyWordLookUp=Title&KeyWordSearchType=Exact&bc=CAAAAAAAAAAA. Accessed March 1, 2021.

POLICY HISTORY - THIS POLICY WAS APPROVED BY THE FEP® PHARMACY AND MEDICAL POLICY COMMITTEE ACCORDING TO THE HISTORY BELOW:

Date	Action	Description
June 2012	New policy	
December 2013	Replace policy	Policy reviewed with literature search, no additions, rationale revised and references reordered. Policy statement is unchanged
June 2017	Replace policy	Policy updated with literature review through March 27, 2017; reference 2 added. Policy statement unchanged.
June 2018	Replace policy	Policy updated with literature review through February 5, 2018; no references added. Policy statement unchanged except "not medically necessary" corrected to "investigational" due to FDA 510(k) approval.
June 2019	Replace policy	Policy updated with literature review through February 18, 2019; no references added. Policy statement unchanged.
June 2020	Replace policy	Policy updated with literature review through February 11, 2020; no references added. Policy statement unchanged.
June 2021	Replace policy	Policy updated with literature review through March 1, 2021; no references added. Policy statement unchanged.