FEP Medical Policy Manual

FEP 8.03.09 Vertebral Axial Decompression

Annual Effective Policy Date: July 1, 2024

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**.

The policies contained in the FEP Medical Policy Manual are developed to assist in administering contractual benefits and do not constitute medical advice. They are not intended to replace or substitute for the independent medical judgment of a practitioner or other health care professional in the treatment of an individual member. The Blue Cross and Blue Shield Association does not intend by the FEP Medical Policy Manual, or by any particular medical policy, to recommend, advocate, encourage or discourage any particular medical technologies. Medical decisions relative to medical technologies are to be made strictly by members/patients in consultation with their health care providers. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that the Blue Cross and Blue Shield Service Benefit Plan covers (or pays for) this service or supply for a particular member.

POLICY GUIDELINES

None

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 2 systematic reviews and 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, RCTs 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 '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.

North American Spine Society

The North American Spine Society published guidelines in 2020 on the treatment of low back pain.[5,] Their recommendation related to lumbar traction is as follows: "In patients with subacute or chronic low back pain, traction is not recommended to provide clinically significant improvements in pain or function."

U.S. Preventive Services Task Force Recommendations

Not applicable.

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Medicare National Coverage

In 1997, Medicare issued a national noncoverage policy (160.16) for vertebral axial decompression.[6,]

REFERENCES

1. Peloza J. Non-Surgical Treatments for Lower Back Pain. Spine-health. https://www.spine-health.com/conditions/lower-back-pain/non-surgical-treatments-lower-back-pain. Updated April 20, 2017. Accessed February 15, 2024.
2. Vanti C, Turone L, Panizzolo A, et al. Vertical traction for lumbar radiculopathy: a systematic review. Arch Physiother. Mar 15 2021; 11(1): 7. PMID 33715638
3. Wang W, Long F, Wu X, et al. Clinical Efficacy of Mechanical Traction as Physical Therapy for Lumbar Disc Herniation: A Meta-Analysis. Comput Math Methods Med. 2022; 2022: 5670303. PMID 35774300
4. Schimmel JJ, de Kleuver M, Horsting PP, et al. No effect of traction in patients with low back pain: a single centre, single blind, randomized controlled trial of Intervertebral Differential Dynamics Therapy. Eur Spine J. Dec 2009; 18(12): 1843-50. PMID 19484433
5. North American Spine Society. Evidence-based clinical guidelines for multidisciplinary spine care: diagnosis & treatment of low back pain. 2020. https://www.spine.org/Portals/0/assets/downloads/ResearchClinicalCare/Guidelines/LowBackPain.pdf. Accessed February 15, 2024.
6. 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. Accessed February 15, 2024.

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€š corrected to "investigational€š 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.
June 2022	Replace policy	Policy updated with literature review through February 23, 2022; reference added. Policy statement unchanged.
June 2023	Replace policy	Policy updated with literature review through February 27, 2023; references added. Policy statement unchanged.
June 2024	Replace policy	Policy updated with literature review through February 15, 2024; no references added. Policy statement unchanged.

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