blue of california

Medical Policy

Vertebral Axial Decompression	
Type: Investigational / Experimental	**Policy Specific Section:** Medicine
Original Policy Date: June 28, 2007	**Effective Date:** January 6, 2012

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Vertebral axial decompression is a type of mechanized spinal distraction device that has been investigated as a technique to reduce intradiscal pressure and relieve low back pain associated with herniated lumbar discs, or degenerative lumbar disc disease, facet syndrome, sciatica, or radiculopathy.

A specially equipped table, on which the patient lies, is slowly extended. A distraction force is then applied via a pelvic harness worn by the patient until the desired tension is reached. This is followed by a gradual decrease of 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 administered 10 to 15 times per day.

Several devices used for vertebral axial decompression have received 510(k) marketing clearance from the United States Food and Drug Administration (FDA). 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.

Policy

Vertebral axial decompression is considered **investigational**.

Policy Guideline

Miscellaneous mechanical traction codes may also be used to describe vertebral axial decompression.

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review
• No records required

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available

Click here to view the appendix for this policy

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