BlueCross BlueShield Federal Employee Program.

FEP 8.03.09 Vertebral Axial Decompression

Effective Date: July 15, 2018 **Related Policies:** None

Vertebral Axial Decompression

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.

FDA REGULATORY STATUS

Several devices used for vertebral axial decompression have been cleared for marketing by the U.S. Food and Drug Administration through the 510(k) process. 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 Food and Drug Administration, 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. The Food and Drug Administration product code: ITH.

POLICY STATEMENT

Vertebral axial decompression is considered **investigational**

POLICY GUIDELINES

BENEFIT APPLICATION

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

RATIONALE

Summary of Evidence

For individuals who have chronic lumbar pain who receive vertebral axial decompression, the evidence includes 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 the effects of the technology on health outcomes.

SUPPLEMENTAL INFORMATION

Practice Guidelines and Position Statements

No guidelines or statements were identified.

U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

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

REFERENCES

1. 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):1843-1850. PMID 19484433
2. 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 - Dec 2016;39(9):645-654. PMID 27838140
3. Sherry E, Kitchener P, Smart R. A prospective randomized controlled study of VAX-D and TENS for the treatment of chronic low back pain. *Neurol Res.* Oct 2001;23(7):780-784. PMID 11680522
4. Fritz JM, Lindsay W, Matheson JW, et al. Is there a subgroup of patients with low back pain likely to benefit from mechanical traction? Results of a randomized clinical trial and subgrouping analysis. *Spine (Phila Pa 1976).* Dec 15 2007;32(26):E793-800. PMID 18091473
5. 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
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&ncdver=1&DocID=160.16&ncd_id=160.16&ncd_version=1&basket=ncd*3a%24160.16*3a%241*3a%24Vertebral+Axial+Decompression+(VAX-D)&bc=gAAAAAgAAAAAAA%3d%3d&. Accessed March 13, 2018.

POLICY HISTORY

Date	Action	Description
June 2012	New Policy	
December 2013	Update Policy	Policy reviewed with literature search, no additions, rationale revised and references reordered. Policy statement is unchanged
June 2017	Update Policy	Policy updated with literature review through March 27, 2017; reference 2 added. Policy statement unchanged.
June 2018	Update 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 510k approval.