



Spinal Unloading Devices

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Line of Business: Commercial Only <input type="checkbox"/> QHP/Exchange Only <input type="checkbox"/> Medicare Only <input type="checkbox"/>		
Commercial & QHP/Exchange <input checked="" type="checkbox"/> Commercial, QHP/Exchange, & Medicare <input type="checkbox"/>		

Purpose:

To provide spinal unloading devices guidelines for Population Health and Provider Alliances associates to reference when making determinations.

Definition

- Spinal unloading devices are advocated for non-surgical treatment of back pain and other back ailments. These devices come in various forms, including Member operated ones, and usually utilize computer-controlled mechanical tables to apply tension or stretching along the spinal axis.
- Currently there is insufficient evidence to indicate that they are useful in treating back pain or preventing surgery.

Example of devices used for spinal unloading (this list is not to be considered all-inclusive)

Accu-Spina System	Antalgic-Trak
AxiomWorldWide (DRX-2000, DRX-3000, DRX-5000, DRX-9000)	Cert Health Services SpineMED Decompression Table
Decompression Reduction Stabilization (DRS) System	Internal Disc Decompression (IDD) Therapy
Lordex Traction Unit	LTX 3000
NuChoice Medical Healthstar Elite Decompression Therapy	Orthotrac Pneumatic Vest
Saunder 3D ActiveTrac	Spinerx LDM
Tru Trak 401	VAX-D

Exclusion Criteria

- The use of devices for spinal unloading is considered experimental and investigational. Reimbursement for their use and any associated modalities and visits is not a covered benefit.



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References:

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11. Washington State Department of Labor and Industries, Office of the Medical Director. Vertebral axial decompression (Vax-D). Technology Assessment. Olympia, WA: Washington State Department of Labor and Industries; 1999.
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14. Jurecki-Tiller M, Bruening W, Tregear S, et al. Decompression therapy for the treatment of lumbosacral pain. Prepared by the ECRI Institute Evidence-Based Practice Center for the Agency for Healthcare Research and Quality (AHRQ) (Contract No. 290-02-0019). Rockville, MD: AHRQ; April 26, 2007.



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Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.