



INLAND EMPIRE HEALTH PLAN

**IEHP UM Subcommittee Approved Authorization Guidelines**  
***Non-Surgical Decompression Therapy for the Treatment of Lumbosacral Pain***

**Policy**

Vertebral axial decompression is performed for symptomatic relief of pain associated with lumbar disc problems. The treatment combines pelvic and/or cervical traction connected to a special table that permits the traction application. There is insufficient scientific data to support the benefits of this technique. Therefore, Decompression Therapy for the Treatment of Lumbosacral Pain is not a covered benefit at this time.

**Medicare (2017)**

In the CMS manual it states that VAX-D (Vertebral Axial Decompression) is not covered by Medicare as “there is insufficient scientific data to support the benefits of this technique”.

**Coverage by Other Health Plans**

*BlueCross BlueShield of Arizona (2017)* Spinal decompression or vertebral axial decompression therapy is ... not eligible for coverage and is considered experimental or investigational based on insufficient scientific evidence to permit conclusions concerning the effect on health outcomes”.

*Health Net (2015)* Health Net does not cover VAX-D as it is not seen as medically necessary for the treatment of Lumbar sacral pain. Current policy recommendations are based on a lack of large randomized clinical trials that compare VAX-D to other types of treatment modalities.

*Wellmark (2016)* “Decompression therapy, including vertebral axial decompression, for the treatment of low back pain and all other applications is considered investigational”.

**Additional Resources**

*Annals of Internal Medicine*—A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society recommends that spinal manipulation may be of some benefit for acute (< 4weeks) low back pain. However, it specifies that vertebral continuous or intermittent traction of the spine has “not shown to be effective in patients with sciatica. There is insufficient evidence to recommend any specific treatment [using spinal manipulation] as first line treatment”.

10801 Sixth St, Suite 120, Rancho Cucamonga, CA 91730  
 Tel (909) 890-2000 Fax (909) 890-2003  
 Visit our web site at: [www.iehp.org](http://www.iehp.org)

*A Public Entity*

**Description of Procedure**

Blue Cross/Blue Shield describes the therapy as: “Individual wears a pelvic or chest 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. This is followed by a gradual decrease of the tension. The cyclic nature of the treatment allows the individual to withstand stronger distraction forces compared to static lumbar traction techniques. An individual session typically includes 15 cycles of tension and 10 to 15 daily treatments may be administered.”

**Effective Date:** *August 23, 2007*

**Reviewed Annually:** November 9, 2016

<b>Revised:</b> May 31, 2017 October 16, 2017
---

**Bibliography**

1. Agency for Healthcare Research and Quality (AHRQ) Technology Assessment Program: Decompression Therapy for the Treatment of Lumbosacral Pain (April 26, 2007). Accessed on September 28, 2017: <https://www.cms.gov/Medicare/Coverage/DeterminationProcess/Downloads/id47TA.pdf>
2. Centers for Medicare and Medicaid Services. (2017). National Coverage Determination (NCD) for Vertebral Axial Decompression (VAX-D) (160.16). (2017). Retrieved at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/index.html>
3. BlueCross BlueShield of Arizona. (2017). Vertebral Axial Decompression Therapy. Accessed on 6/2/2017. Retrieved at: <https://www.azblue.com/~media/azblue/files/healthcare/resources/medical-coverage-guidelines/rehabilitation/o244.pdf>
4. National Health Net. (2015). Vertebral Axial Decompression National Medical Policy. Accessed 6/2/2017. Retrieved at <https://www.guideline.gov/summaries/summary/49020>
5. Wellmark. (2015). Vertebral Axial Decompression. Accessed on 6/2/2017. Retrieved at [https://www.wellmark.com/provider/medpoliciesandauthorizations/medicalpolicies/policies/vertebral\\_axialdecompression.aspx](https://www.wellmark.com/provider/medpoliciesandauthorizations/medicalpolicies/policies/vertebral_axialdecompression.aspx)
6. Chou R Qassem A, Snow,V et al. 2017. Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society. *Annals of Internal Medicine* 2007; 147 (7) 478-491. Accessed on September 22, 2017: <http://annals.org/aim/article/736814/diagnosis-treatment-low-back-pain-joint-clinical-practice-guideline-from>

**Disclaimer**

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.