



**SPINAL UNLOADING DEVICES FOR LOW BACK PAIN
(LTX2000™ AND ORTHOTRAC™ PNEUMATIC VEST)
HS-145**



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

HealthEase of Florida, Inc.

*'Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.*

WellCare Health Insurance of Illinois, Inc.

WellCare Health Insurance of New York, Inc.

WellCare Health Plans of New Jersey, Inc.

WellCare of Florida, Inc.

WellCare of Connecticut, Inc.

WellCare of Georgia, Inc.

WellCare of Kentucky, Inc.

WellCare of Louisiana, Inc.

WellCare of New York, Inc.

WellCare of Ohio, Inc.

WellCare of Texas, Inc.

WellCare Prescription Insurance, Inc.

**Spinal Unloading Devices
for Low Back Pain
(LTX3000™ and
Orthotrac™ Pneumatic Vest)**

Policy Number: HS-145

Original Effective Date: 11/19/2009

Revised Date(s): 11/12/2010; 10/6/2011

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.



SPINAL UNLOADING DEVICES FOR LOW BACK PAIN (LTX2000™ AND ORTHOTRAC™ PNEUMATIC VEST) HS-145

BACKGROUND

The LTX 3000 is a gravity-dependent axial spinal unloading device that consists of an adjustable seat strap and rib support pads that are used to stabilize the upper body by engaging the lowest portion of the rib cage. After adjusting rib support pads, the individual lowers the seat strap to induce unloading of the spine. Theoretically, unloading occurs as a result of the downward force provided by body mass. Proper training in adjustment and use of the device is required for safe use in the home. The LTX 3000 is often used as part of rehabilitation programs, such as the Low Back Rehabilitation Program, the ReSpond Program, and, more recently, the LIFEBACK Spine Programs. These programs are proposed for those persons who have reached maximum therapeutic benefit of physical therapy or chiropractic care and whose pain limits activities of exercise and/or work. According to the manufacturer, recommended use of the device is 3–4 times a day for sessions of 10–15 minutes lasting 2–3 months.

The Orthotrac Pneumatic Vest is a custom-made device intended to be worn 2–3 times a day for 30–60 minutes each session. It is a spinal decompression orthotic device that is theoretically designed to offload and stabilize the lower back, using air pressure to provide support. It is proposed that when worn, the device applies a decompressive force to the spine, transferring the weight from the upper torso to the hips, preventing compression and aggravation of the lower back. The amount of force on the spine is controlled by the individual through a manual inflation device, with pressure prescribed to offload approximately 50% of the person's weight. The individual can deflate the device to reduce pressure at any time. It is suggested that use of the device alleviates pain and improves function and quality of life.

Due to the paucity of evidence regarding the efficacy of the above devices for the treatment of back pain, the devices are considered experimental and investigational.

POSITION STATEMENT

Member-operated spinal unloading devices (LTX3000™ and Orthotrac™ Pneumatic Vest) **are considered experimental and investigational** for the treatment of back pain in all settings.

CODING

CPT®* Codes No applicable codes

ICD-9-CM Procedure Codes No applicable code

Non-Covered HCPCS Codes

E0830 Ambulatory traction device, all types, each
E0941 Gravity assisted traction device, any type

Non-Covered ICD-9-CM Diagnosis Codes - This list may not be all inclusive.

724.2 Lumbago
724.5 Backache, unspecified

*Current Procedural Terminology (CPT) 2011 American Medical Association: Chicago, IL.®©

REFERENCES

Peer Reviewed

1. Dallolio, V. (2005). Lumbar spinal decompression with a pneumatic orthosis (Orthotrac): preliminary study. *Acta Neurochirurgica*, 92, 133-137.

2. Hayes Directory. (2001, September). Spinal unloading devices for low back pain. Retrieved from <http://www.hayesinc.com>
3. Mahoney, C.B. (2001). Treating low back pain: the effect of the Orthotrac Pneumatic Vest on the cost of treatment and quality of life. *Care Management*, 7(4), 27-31.
4. van Duijvenbode, I.C.D., Jellema, P., van Poppel, M.N.M., & van Tulder, M.W. (2008). Lumbar supports for prevention and treatment of low back pain. *Cochrane Database System Review*.

Government Agencies, Professional and Medical Organizations

1. Orthofix Inc. (2005). Orthotrac™ pneumatic decompression. Retrieved from <http://www.orthofix.com/ofus/mainbody.htm>

HISTORY AND REVISIONS

| Date | Action |
|-------------|---|
| 12/1/2011 | <ul style="list-style-type: none">• New template design approved by MPC. |
| 10/6/2011 | <ul style="list-style-type: none">• Approved by MPC. Reformatted references; no major changes. No code changes. |