

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/03/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

8 Sessions of Spinal Decompression Therapy with the DRX9000; spinal stabilization and full body conditioning exercises; interferential following the decompression therapy to reconsolidate the lumbar muscles; ice following the decompression therapy to control inflammation within the soft tissues (this is performed during interferential therapy)

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Chiropractor  
AADEP Certified  
Whole Person Certified  
TWCC ADL Doctor  
Certified Electrodiagnostic Practitioner

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 1/30/09, 2/19/09  
ODG Guidelines and Treatment Guidelines  
Healthcare Associates, 1/21/09, 2/11/09  
MD, 1/31/08  
DC, 12/18/08

**PATIENT CLINICAL HISTORY SUMMARY**

This is a woman injured on xx-xx-xx. Records indicate that she was injured after lifting boxes at work. She underwent MRI of the lumbar spine and EMG/NCV. She was examined by an Orthopedic Surgeon, who prescribed medication. She was seen by a DDE and assigned a 10% WBI. The injured employee has completed a minimum of 34 sessions of therapy. Currently Dr. is requesting 8 session of spinal decompression therapy since the injured

employee is on a blood thinner and is not able to undergo epidural injections or surgery at this time.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The injured employee currently does not meet the OD guidelines for 8 sessions of spinal decompression. The ODG does not recommend DRX (traction), VAX-D, and powered traction. The request does not meet the guidelines. The reviewer finds that medical necessity does not exist for 8 Sessions of Spinal Decompression Therapy with the DRX9000; spinal stabilization and full body conditioning exercises; interferential following the decompression therapy to reconsolidate the lumbar muscles; ice following the decompression therapy to control inflammation within the soft tissues (this is performed during interferential therapy).

DRX® (traction) Not recommended. Another brand of powered traction device similar to VAX-D. The DRX 9000 is provided by Axiom Worldwide, Tampa, FL. See Powered traction devices. See also Traction. A retrospective chart review (with no controls) provided preliminary data that chronic LBP may improve with DRX 9000 spinal decompression, but concluded that randomized double-blind trials are needed to measure the efficacy of such systems. (Macario, 2008)

Vertebral axial decompression (VAX-D®) Not recommended. See Powered traction devices. A recent case series study (with no control) found that an 8-week course of traction using VAX-D was associated with improvements in pain intensity, but said that causal relationships between these outcomes and the intervention should not be made until further study is performed using randomized comparison groups. It should also be noted that this study excluded patients involved in litigation and those receiving workers' compensation. (Beattie, 2008) Only limited evidence is available to warrant the routine use of non-surgical spinal decompression, particularly when many other well investigated, less expensive alternatives are available. (Daniel, 2007)

Powered traction devices Not recommended. While there are some limited promising studies, the evidence in support of powered traction devices in general, and specifically vertebral axial decompression, is insufficient to support its use in low back injuries. Vertebral axial decompression for treatment of low back injuries is not recommended. VAX-D therapy may also have risks, including the potential to cause sudden deterioration requiring urgent surgical intervention. Decompression therapy is intended to create negative pressure on the spine, so that the vertebrae are elongated, pressure is taken off the roots of the nerve, and a disk herniation may be pulled back into place. Decompression therapy is generally performed using a specially designed computerized mechanical table that separates in the middle. The above information applies to other brands of powered traction devices as well, including DRX and Lordex. Although the American Medical Association (AMA), FDA and Centers for Medicare and Medicaid Services (CMS) all consider decompression therapy to be a form of traction, the manufacturers of these devices consider them different from traction devices. (Sherry, 2001) (Gose, 1998) (Colorado, 2001) (Deen, 2003) (Ramos, 2004) (Humana, 2004) (BlueCross BlueShield, 2004) (Martin, 2005) (Clarke, 2007) (Chou, 2007) The evidence suggests that any form of traction is probably not effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability or work absence than placebo, sham or other treatments for patients with a mixed duration of LBP, with or without sciatica. There was moderate evidence that autotraction (patient controlled) was more effective than mechanical traction (motorized pulley) for global improvement in this population. (Clarke-Cochrane, 2005) The efficacy of spinal decompression achieved with motorized traction for chronic discogenic low back pain remains unproved. (Macario, 2006) The most recent incarnation of traction therapy is non-surgical spinal decompression therapy which can cost over \$100,000. This form of therapy has been heavily marketed to manual therapy professions and subsequently to the consumer. Only limited evidence is available to warrant the routine use of this therapy, particularly when many other well investigated, less expensive alternatives are available. (Daniel, 2007) The recent AHRQ review concluded that currently available evidence is too limited in quality and quantity to allow for the formulation of

evidence-based conclusions regarding the efficacy of decompression therapy as a therapy for chronic back pain when compared with other non-surgical treatment options. (Jurecki-Tiller-AHRQ, 2007) A recent case series study (with no control) found that an 8-week course of prone lumbar traction (using VAX-D) was associated with improvements in pain intensity, but said that causal relationships between these outcomes and the intervention should not be made until further study is performed using randomized comparison groups. It should also be noted that this study excluded patients involved in litigation and those receiving workers' compensation. (Beattie, 2008) A retrospective chart review (with no controls) provided preliminary data that chronic LBP may improve with DRX9000 spinal decompression, but concluded that randomized double-blind trials are needed to measure the efficacy of such systems. (Macario, 2008) See also Traction.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)