

# Prime 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Feb/07/2010

**IRO CASE #:**

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

Spinal Decompression 5x4/Lumbar S9090

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

M.D., Board Certified Orthopedic Surgeon

**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**

Peer Reviews, 01/05/10 and 01/14/10

MRI Report: 09/23/09

Quadruple Visual Analogue Scale: 12/03/09

Note, Dr.: 12/08/09 and 12/15/09

Note, Occupational Medicine: 12/15/09

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates; Low Back- Powered Traction Devices.

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male with a reported low back injury on xx/xx/xx when he was moving a piece of metal and his foot got caught on a piece and he twisted wrong. A lumbar MRI was performed on 09/23/09 due to complaints of radiculopathy and showed L4-5 left paracentral disc herniation extending inferiorly along the superior end plate of L5 posteriorly with marked effacement of the left lateral recess and moderately severe bilateral foraminal stenosis; L4-5 and L5-S1 disc desiccation; and no canal or foraminal stenosis at L3-4 or L5-S1. A visual analogue scale form completed on 12/03/09 noted left leg pain at 5/10 with low back pain at 7/10; the ability to sit for one hour and walk for one quarter mile; and pain was aggravated by putting on shoes and getting up from a chair. Reference was made to evaluation by an occupational medicine physician on 12/03/09 with review of the MRI and recommendation for conservative management and discussion of lumbar epidural steroid injection. On 12/08/09 Dr., chiropractor, requested a four week program of spinal decompression with electrical stimulation and cryotherapy followed by a four week course of therapeutic exercises,

myofascial release, spinal adjustments and electrical stimulation. The claimant was seen by an occupational medicine doctor on 12/15/09 with notation the claimant was not ready for any injections and wanted to try more conservative treatment first. It was noted the claimant and the claimant's employer requested the recommended spinal decompression. The claimant was referred back the clinic where the claimant saw Dr. for conservative treatment and spinal decompression. The claimant was released to work with restrictions. Peer reviews conducted on 01/05/10 and 01/14/10 denied use of spinal decompression.

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

Based on review of the records provided, evidence based medicine, and the ODG, the reviewer finds that spinal decompression is not medically necessary at this time. Power traction devices are not recommended using evidence based medicine and ODG guidelines and they are inconsistent with the reviewer's training and experience as a board certified orthopedic surgeon, given the risk for adverse or deleterious side effects. The reviewer finds that medical necessity does not exist for Spinal Decompression 5x4/Lumbar S9090.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates; Low Back- 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) This RCT concluded that adding IDD Therapy to a standard graded activity program has been shown not to be effective. (Schimmel, 2009) 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 KNOWLEDGEBASE

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)