

## Medical Coverage Policy | Thoracic Lumbosacral Orthosis with Pneumatics



**EFFECTIVE DATE:** 03|01|2012  
**POLICY LAST UPDATED:** 10|07|2014

### OVERVIEW

Thoracic-lumbo-sacral orthosis (TLSO) with pneumatics consists of a vest with inflatable inserts. Inflation of these expandable inserts and pressure are controlled by the patient. The device is used to unload body weight from the spine onto the iliac crests.

### PRIOR AUTHORIZATION

Prior Authorization review is not required.

### POLICY STATEMENT

#### BlueCHiP for Medicare and Commercial

Thoracic lumbo-sacral orthosis with pneumatics is considered **not medically necessary** as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective.

### MEDICAL CRITERIA

Not applicable.

### BACKGROUND

A variety of back supports or braces are designed to offer stabilization and decompression as a conservative treatment for pain related to spinal disc disease and/or joint dysfunction. ). An orthotic that includes a pneumatic component has become commercially available, the Orthotrac Pneumatic Vest™ (manufactured by Kinesis Medical, Minneapolis, MN). Orthofix, Inc. acquired Kinesis Medical in 2000.

The pneumatic component is inflated by the patient and is designed to lift the patient's body weight off the spine and relieve intervertebral compression. The orthotic is designed to be worn intermittently throughout the day.

As with any therapy for pain, placebo-controlled trials are particularly important to document the extent of the expected placebo effect and to determine the independent contribution of the therapy itself. While the lack of published studies does not permit scientific conclusions about a pneumatic lumbar orthosis alone or in comparison to other types of back orthoses, it should be noted that the literature regarding back braces and supports is, in general, of poor quality. A meta-analysis of lumbar support devices reported that there was limited evidence that lumbar supports are more effective than no treatment of low back pain and that it was unclear if lumbar supports are more effective than other interventions for treatment of low back pain.

The absence of controlled studies of thoracic-lumbo-sacral orthosis with pneumatics precludes any conclusions regarding effectiveness for the treatment of low back pain; the device is considered not medically necessary as there is no proven efficacy.

### COVERAGE

#### BlueCHiP for Medicare and Commercial

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary.

## CODING

### BlueCHiP for Medicare and Commercial

The following code is **not medically necessary**:

**E0830**

## RELATED POLICIES

Not applicable.

## PUBLISHED

Provider Update	Dec 2014
Provider Update	Nov 2013
Provider Update	Feb 2013
Provider Update	Jan 2011
Provider Update	Jun 2010

## REFERENCES

1. Van Tulder M, Jellema P, van Poppel M et al. Lumbar supports for prevention and treatment of low back pain. *Cochrane Database Syst Rev* 2000; (3):CD001823.
2. Triano J. A randomized, controlled trial of treatment for disc herniation with radiating leg pain. Available online at: <http://www.clinicaltrials.gov/ct/show/NCT00220935>. Last accessed September, 2011.
3. Triano J, Rogers C, Diederich J. Discopathy with leg pain: a randomized controlled trial of Orthotrac vs EZ brace. *Spine J* 2003; 3(5):105-6.
4. Dallolio V. Lumbar spinal decompression with a pneumatic orthosis (Orthotrac): preliminary study. *Acta Neurochir Suppl* 2005; 92:133-7.

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