Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

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.

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. (1)

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.

The thoracic lumbosacral orthosis with pneumatics is an inflatable pneumatic vest promoted to reduce a variety of causes of back pain. The physician individually prescribes the amount of pressure a patient should use, but typically the amount of pressure is 50% of the patient’s body weight. It is thought that the vest stabilizes the torso with the amount of force generated by the vest controlled by a manual device. The device is typically worn 2 to 3 times a day for 30 to 60 minutes each time.
Evidence to date is very limited with a lack of control groups. At this time thoracic lumbosacral orthosis with pneumatics is not medically necessary as there is insufficient peer reviewed scientific literature that demonstrates that the device is effective.

Medical Criteria:
None

Policy:
BlueCHiP for Medicare and Commercial
Thoracic lumbosacral orthosis with pneumatics is considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective.

Coverage:
BlueCHiP for Medicare and Commercial
Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for the applicable Services Not Medically Necessary benefits/coverage.

Coding:
BlueCHiP for Medicare and Commercial
The following code is not medically necessary:
E0830 Ambulatory traction device, all types, each

Also known as:
Orthotrac™ Pneumatic Vest
VertiLok Soft Spinal System

Related topics:
None

Published:
Provider Update, February 2013
Provider Update, January 2011
Provider Update, June 2010

References:

History:
Annual Review - August 2013
This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member’s subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.