1. **Purpose**
   The purpose of this policy is to establish criteria for the medically necessary use of mechanical spinal traction.

2. **Definition**
   Mechanical spinal traction is the process of applying an axial force to the spinal column through body weight, weights, and/or pulleys to distract the spine. The use of spinal traction devices requires supervision and should be reported for each 15 minute time period.

3. **Statement of Policy**
   3.1. The determination of medical necessity for the use of spinal traction is always made on a case-by-case basis.
   3.2. The use of spinal traction may be considered **medically necessary** for a patient who has spinal pain or functional loss which has resulted from disease, injury or surgery.
   3.3. The scientific evidence for the long-term efficacy of spinal traction is lacking, limited or conflicting. Based on the results of the available scientific studies involving mixed groups of patients with acute, sub-acute and chronic neck pain or low back pain without radicular findings, continuous or intermittent traction as a single treatment for neck or low back pain without radiculopathy is not considered effective for this group and consequently may not be considered medically necessary.
   3.4. The literature demonstrates clinical benefit in a sub-group of patients characterized by the presence of leg symptoms, signs of nerve root compression, and either peripheralization (increased leg pain) with lumbar extension movements or a crossed straight leg raise. This benefit, however, was short-term in nature. Triad Healthcare, Inc. recognizes that during the first two to three (2-3) weeks of care, the patient's may report clinically relevant short-term improvements in their pain and functional levels as well as improved patient satisfaction with the use of intermittent lumbar traction.
   3.5. There is limited evidence of efficacy by different forms of traction for neck pain with radiculopathy, in particular when combined with manual therapy and specific rehabilitative exercises. Triad Healthcare, Inc. recognizes that during the first two to three (2-3) weeks of care, the patient's may report clinically relevant short-term
improvements in their pain and functional levels as well as improved patient satisfaction with the use of intermittent cervical traction.

3.6. Based on the fact that the perceived benefits are short-term in nature, a provider’s goal in the use of traction should be to facilitate a patient’s transition to active care (e.g., office or home-based therapeutic exercises and other functional activities).

3.7. Any treatment plan involving spinal traction should ultimately result in a reduction in the patient’s pain and/or an improved ability to carry out usual activities of daily living. The use of spinal traction beyond two to three (2-3) weeks without a clinically meaningful reduction in pain levels and clinical signs of functional improvement may not be considered medically necessary.

Note: This policy pertains to mechanical traction (including spinal decompression devices), autotraction (including Spinalator, Anatamotor, etc.), gravity-dependent (“anti-gravity”) traction, pneumatic traction, motorized traction, continuous traction, and intermittent traction as well as other forms of traction not included in this list. Certain types of traction may be considered experimental or investigational, and may be excluded from coverage in accordance with corresponding health plan policy.

4. References
4.1. Scientific:
The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding traction for the treatment of spinal and radicular pain syndromes and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


• Browder DA, Erhard RE, Piva SR. Intermittent cervical traction and thoracic manipulation for management of mild cervical compressive myelopathy attributed


van Tulder MW, Koes BW, Assendelft WJ, Bouter LM, Maljers LD, Driessen AP, Chronic low back pain: exercise therapy, multidisciplinary programs, NSAID’s, back schools and behavioral therapy effective; traction not effective; results of systematic reviews, Ned Tijdschr Geneeskd 2000 Jul 29;144(31):1489-94


4.2. Related Triad Medical Policies:
- **TMMP 18 - Medical Necessity**
- **TMMP 10 - The Use of Physical Modalities and Therapeutic Procedures**

5. Attachments

5.1. **Provider Manual**

### Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/17/2008</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>