



## Pneumatic Cervical Traction Devices

Last Revision/Review Date: September 16, 2020

P&P # C.11.17

### Policy

The Medical Management Department reviews referral requests for authorization of pneumatic cervical traction devices.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

### Procedure

#### A. Documentation Required:

In order to facilitate the authorization process referral requests must include the following:

1. The patient's diagnosis and reported symptoms of the illness, injury or malformation; as well as degree and duration of debility; **AND**
2. Documentation of neuroimaging studies of the spine; **AND**
3. Documentation of conditions that prohibit the use of over-the-door cervical traction; **AND**
4. Physical therapy documentation which includes:
  - a. Outpatient therapy provided;
  - b. Response to therapy and conservative measures;
  - c. Response to use of the cervical traction during Physical Therapy.

#### B. Criteria for Medical Necessity:

Pneumatic cervical traction devices are medically necessary for treating neck pain with radiculopathy, if **ALL** of the following criteria are met:

1. The patient has chronic neck pain with radiculopathy lasting at least 3 months; **AND**
2. The patient has had neuroimaging studies of the cervical spine that confirm cervical radiculopathy; **AND**
3. The patient has completed a six-week course of physical therapy in the outpatient setting without relief of symptoms; **AND**
4. The patient has failed medical therapy with oral anti-inflammatory agents, oral corticosteroids or muscle relaxants; **AND**
5. Any **ONE** of the following criteria is met:
  - a. Patient did not tolerate or failed a trial of manual or mechanical (e.g., over-the-door) cervical traction; **OR**
  - b. The patient has temporomandibular joint disease; **OR**

- c. The patient has kyphosis or protraction of the shoulders making use of a chinstrap impractical; **AND**
- 6. The patient has had significant improvement in symptoms with a trial of the pneumatic cervical traction device during outpatient physical therapy; **AND**
- 7. Home pneumatic cervical traction therapy is supervised by a physical therapist.

**C. Indications Considered Experimental or Investigational:**

- 1. Neck pain without radiculopathy.
- 2. Acute neck pain.
- 3. Lumbar traction.

**HCPCS Codes**

E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible
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**References**

Chiu TT, Ng JK, Walther-Zhang B, Lin RJ, Ortelli K, Chua SK. A randomized controlled trial on the efficacy of intermittent cervical traction for patients with chronic neck pain. Clin Rehab. 2011; 25:814-822. Accessed August 3, 2020.  
[https://www.researchgate.net/publication/50808216\\_A\\_randomized\\_controlled\\_trial\\_on\\_the\\_efficacy\\_of\\_intermittent\\_cervical\\_traction\\_for\\_patients\\_with\\_chronic\\_neck\\_pain](https://www.researchgate.net/publication/50808216_A_randomized_controlled_trial_on_the_efficacy_of_intermittent_cervical_traction_for_patients_with_chronic_neck_pain)

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