

LETTER OF MEDICAL NECESSITY FOR PRONEX CERVICAL TRACTION

RE:

Claim #:

Diagnosis:

The above named patient has been under my care since _____ receiving treatment for the referenced diagnosis.

Due to the serious nature of the patient's condition, I feel it medically necessary to embark on a regimen of home cervical traction. The patient has been prescribed the Pronex cervical traction device which will be instrumental in relieving symptoms.

The therapeutic effects of daily axial-extension Pronex traction are as follows:

1. Axial unloaded of pain-sensitive spinal joints and soft-tissues, including the intervertebral disc, facet joints, spinal ligaments, and paraspinal musculature, for pain control.
2. More successful restoration of the normal cervical curvature.
3. Relaxation of the paraspinal musculature.
4. Promotion of circulation within the soft tissues to reduce inflammation, and facilitate healing.

Axial-extension cervical or cost-effective to have a patient come to our office on a daily basis to receive treatment, the home cervical traction regimen allows maximal rehabilitation without the expense of daily office visits. In addition, prescription of this home care device promotes control of medical costs, and discourages physician dependency. Insurance reimbursement for the Pronex cervical traction device will increase the patient's recovery rate and minimize the chance for exacerbation and future spinal injuries, thereby both reducing overall treatment time and costs.

I certify that I am the attending physician of this patient and the durable medical equipment prescribed to the patient and discussed above is reasonable and medically necessary. It is not a convenience item. If you have any questions regarding my statement, please contact my office.

Sincerely,