FEP Medical Policy Manual

FEP 8.01.40 Manipulation Under Anesthesia

Effective Policy Date: July 1, 2019
Original Policy Date: June 2012

Related Policies:
None

Manipulation Under Anesthesia

Description

Manipulation under anesthesia (MUA) consists of a series of mobilization, stretching, and traction procedures performed while the patient is sedated (usually with general anesthesia or moderate sedation).

OBJECTIVE

The objective of this evidence review is to evaluate whether manipulation under anesthesia improves the net health outcome in individuals with chronic spinal, sacroiliac, or pelvic pain.

POLICY STATEMENT

Spinal manipulation and manipulation of other joints performed during the procedure (eg, hip joint) with the patient under anesthesia, spinal manipulation under joint anesthesia, and spinal manipulation after epidural anesthesia and corticosteroid injection are considered investigational for treatment of chronic spinal (cranial, cervical, thoracic, lumbar) pain and chronic sacroiliac and pelvic pain.

Spinal manipulation and manipulation of other joints under anesthesia involving serial treatment sessions is considered investigational.

Manipulation under anesthesia involving multiple body joints is considered investigational for the treatment of chronic pain.

The policies contained in the FEP Medical Policy Manual are developed to assist in administering contractual benefits and do not constitute medical advice. They are not intended to replace or substitute for the independent medical judgment of a practitioner or other health care professional in the treatment of an individual member. The Blue Cross and Blue Shield Association does not intend by the FEP Medical Policy Manual, or by any particular medical policy, to recommend, advocate, encourage or discourage any particular medical technologies. Medical decisions relative to medical technologies are to be made strictly by members/patients in consultation with their health care providers. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that the Blue Cross and Blue Shield Service Benefit Plan covers (or pays for) this service or supply for a particular member.
POLICY GUIDELINES

This policy does not address manipulation under anesthesia for fractures, completely dislocated joints, adhesive capsulitis (eg, frozen shoulder), and/or fibrosis of a joint that may occur following total joint replacement.

BENEFIT APPLICATION

Experimental or investigational procedures, treatments, drugs, or devices are not covered (See General Exclusion Section of brochure).

FDA REGULATORY STATUS

Manipulative procedures are not subject to regulation by the U.S. Food and Drug Administration.

RATIONALE

Summary of Evidence

For individuals who have chronic spinal, sacroiliac, or pelvic pain who receive MUA, the evidence includes case series and nonrandomized comparative studies. The relevant outcomes are symptoms, functional outcomes, QOL, and treatment-related morbidity. Scientific evidence on spinal MUA, spinal manipulation with joint anesthesia, and spinal manipulation after epidural anesthesia and corticosteroid injection is very limited. No RCTs have been identified. Evidence on the efficacy of MUA over several sessions or for multiple joints is also lacking. The evidence is insufficient to determine the effects of the technology on health outcomes.

SUPPLEMENTAL INFORMATION

Practice Guidelines and Position Statements

American Association of Manipulation Under Anesthesia Providers

The American Association of Manipulation Under Anesthesia Providers (2014) published consensus-based guidelines for the practice and performance of manipulation under anesthesia (MUA). The guidelines included patient selection criteria, establishing medical necessity, frequency and follow-up procedures, parameters for determining MUA progress, general post-MUA therapy, and safety. The guidelines recommended three consecutive days of treatment, based on the premise that serial procedures allow a gentler yet effective treatment plan with better control of biomechanical force. The guidelines also recommended follow-up therapy without anesthesia over eight weeks after MUA that includes all fibrosis release and manipulative procedures performed during the MUA procedure to help prevent re-adhesion.

American Academy of Osteopathy

The American Academy of Osteopathy (2005) published a consensus statement on osteopathic manipulation of somatic dysfunction under anesthesia and conscious sedation. The Academy stated that MUA "may be appropriate in cases of restrictions and abnormalities of function. These include recurrent muscle spasm, range of motion restrictions, persistent pain secondary to injury and/or repetitive motion trauma.... In general, MUA is limited to patients who have somatic dysfunction which:

1. has failed to respond to conservative treatment in the office or hospital that has included the use of OMT [osteopathic manipulative therapy], physical therapy and medication, and/or
2. is so severe that muscle relaxant medication, anti-inflammatory medication or analgesic medications are of little benefit, and/or
3. results in biomechanical impairment which may be alleviated with use of the procedure."

The policies contained in the FEP Medical Policy Manual are developed to assist in administering contractual benefits and do not constitute medical advice. They are not intended to replace or substitute for the independent medical judgment of a practitioner or other health care professional in the treatment of an individual member. The Blue Cross and Blue Shield Association does not intend by the FEP Medical Policy Manual, or by any particular medical policy, to recommend, advocate, encourage or discourage any particular medical technologies. Medical decisions relative to medical technologies are to be made strictly by members/patients in consultation with their health care providers. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that the Blue Cross and Blue Shield Service Benefit Plan covers (or pays for) this service or supply for a particular member.
U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

REFERENCES


POLICY HISTORY - THIS POLICY WAS APPROVED BY THE FEP® PHARMACY AND MEDICAL POLICY COMMITTEE ACCORDING TO THE HISTORY BELOW:

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2012</td>
<td>New policy</td>
<td>Policy updated with literature search. Policy title changed to &quot;Manipulation under Anesthesia&quot; to include joints other than the spine. Policy statement unchanged.</td>
</tr>
<tr>
<td>September 2013</td>
<td>Replace policy</td>
<td></td>
</tr>
</tbody>
</table>

The policies contained in the FEP Medical Policy Manual are developed to assist in administering contractual benefits and do not constitute medical advice. They are not intended to replace or substitute for the independent medical judgment of a practitioner or other health care professional in the treatment of an individual member. The Blue Cross and Blue Shield Association does not intend by the FEP Medical Policy Manual, or by any particular medical policy, to recommend, advocate, encourage or discourage any particular medical technologies. Medical decisions relative to medical technologies are to be made strictly by members/patients in consultation with their health care providers. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that the Blue Cross and Blue Shield Service Benefit Plan covers (or pays for) this service or supply for a particular member.
<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2016</td>
<td>Replace policy</td>
<td>Policy updated with literature review; references 5 and 10 added. Policy statement unchanged.</td>
</tr>
<tr>
<td>December 2017</td>
<td>Replace policy</td>
<td>Policy updated with literature review through June 22, 2017; no references added. Policy statement unchanged.</td>
</tr>
<tr>
<td>June 2018</td>
<td>Replace policy</td>
<td>Policy updated with literature review through February 5, 2018; no references added. Policy statements unchanged.</td>
</tr>
<tr>
<td>June 2019</td>
<td>Replace policy</td>
<td>Policy updated with literature review through February 18, 2019; no references added. Policy statement unchanged.</td>
</tr>
</tbody>
</table>

The policies contained in the FEP Medical Policy Manual are developed to assist in administering contractual benefits and do not constitute medical advice. They are not intended to replace or substitute for the independent medical judgment of a practitioner or other health care professional in the treatment of an individual member. The Blue Cross and Blue Shield Association does not intend by the FEP Medical Policy Manual, or by any particular medical policy, to recommend, advocate, encourage or discourage any particular medical technologies. Medical decisions relative to medical technologies are to be made strictly by members/patients in consultation with their health care providers. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that the Blue Cross and Blue Shield Service Benefit Plan covers (or pays for) this service or supply for a particular member.