

FEP 8.01.40 Manipulation Under Anesthesia

Effective Date: July 15, 2018

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).

FDA REGULATORY STATUS

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

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.

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).

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. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Scientific evidence on spinal MUA,

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spinal manipulation with joint anesthesia, and spinal manipulation after epidural anesthesia and corticosteroid injection is very limited. No randomized controlled trials 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).¹⁰ 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 3 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 8 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 published a consensus statement (2005) on osteopathic manipulation of somatic dysfunction under anesthesia and conscious sedation.¹¹ 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.”

U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

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

REFERENCES

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POLICY HISTORY

Date	Action	Description
June 2012	New Policy	
September 2013	Update Policy	Policy updated with literature search. Policy title changed to "Manipulation under Anesthesia" to include joints other than the spine. Policy statement unchanged.
March 2014	Update Policy	Policy updated with literature search. Reference 2, 9 and 10 added. Policy statement unchanged.
December 2016	Update Policy	Policy updated with literature review; references 5 and 10 added. Policy statement unchanged.
December 2017	Update Policy	Policy updated with literature review through June 22, 2017; no references added. Policy statement unchanged.
June 2018	Update Policy	Policy updated with literature review through February 5, 2018; no references added. Policy statements unchanged.

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