blue of california

# Medical Policy

| Spinal Manipulation under Anesthesia | |
|---|---|
| **Type:**<br>Investigational / Experimental | **Policy Specific Section:**<br>Medicine |
| **Original Policy Date:**<br>February 26, 1997 | **Effective Date:**<br>July 6, 2012 |

## Definitions of Decision Determinations

**Medically Necessary:** A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

**Investigational/Experimental:** A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

**Split Evaluation:** Blue Shield policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

## Description

Spinal manipulation is intended to break up fibrous and scar tissue to relieve pain and improve range of motion. Anesthesia or sedation is used to reduce pain, spasm, and reflex muscle guarding that may interfere with the delivery of therapies and to allow the therapist to break up joint and soft tissue adhesions with less force than would be required to overcome patient

resistance or apprehension. Manipulation under anesthesia (MUA) is generally performed with an anesthesiologist in attendance.

Manipulation under anesthesia has been proposed as a treatment modality for acute and chronic pain conditions, particularly of the spinal region, when standard care, including manipulation, and other conservative measures have been unsuccessful. While under anesthesia, the normal posturing response is eliminated thereby creating less resistance to manipulation than in the conscious patient. A chiropractor, osteopathic physician or medical physician may perform this type of manipulation.

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

## Policy

Spinal manipulation under anesthesia is considered **investigational** for all indications including, but not limited to:

- Spinal manipulation under joint anesthesia
- Spinal manipulation after epidural anesthesia and corticosteroid injection
- Treatment of chronic spinal (cranial, cervical, thoracic and lumbar) pain and chronic sacroiliac and pelvic pain
- Manipulation of other joints under anesthesia involving serial treatment sessions
- Manipulation under anesthesia involving multiple joints for treatment of chronic pain

## Policy Guideline

Manipulation under anesthesia of the spine may include:

- Spinal manipulation under anesthesia (SMUA) (e.g., under general anesthesia, or regional anesthesia [epidural, spinal or nerve blocks], or conscious sedation)
- Spinal manipulation under joint anesthesia (MUJA) (e.g., after an injection of a local anesthetic into lumbar facet joints or sacroiliac joints under fluoroscopic guidance)
- Spinal manipulation under epidural and corticosteroid injection (MUESI) (e.g., after an epidural injection of corticosteroid and local anesthetic into the facet or sacroiliac joints)

## Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

An Independent Member of the Blue Shield Association

| Documentation Required for Clinical Review |
| --- |
| • No records required |

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available

Click here to view the appendix for this policy

An Independent Member of the Blue Shield Association