SPINAL MANIPULATION UNDER ANESTHESIA
THE803.016
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COVERAGE:

Spinal manipulation under anesthesia (MUA), in the absence of vertebral fracture or dislocation, is considered experimental or investigational.

DESCRIPTION:

In the appendicular skeleton, manipulation of the patient under anesthesia may be performed as a treatment of arthrofibrosis, particularly of the shoulder (i.e. frozen shoulder) or knee. In the spine, MUA may be performed as a closed treatment of vertebral fracture or dislocation. This policy does not address the treatment of vertebral fractures or dislocations. In the absence of vertebral fracture of dislocation, MUA performed either with the patient sedated or under general anesthesia is intended to overcome the conscious patient's protective reflex mechanism, which may have limited the success of prior attempts of spinal manipulation or adjustment in the conscious patient. In MUA, a low velocity/high amplitude technique may be used in contrast to the high velocity/low amplitude technique that is used in the typical spinal adjustment. A single session of MUA may be offered (followed by a series of outpatient sessions) or a series of up to 5 sessions of MUA may be offered, also followed by outpatient sessions. In some instances the MUA may be accompanied by corticosteroid injections.

RATIONALE:

As with any treatment of pain, controlled clinical trials are considered particularly important to isolate the contribution of the intervention and to assess the extent of the expected placebo effect. A search of the published medical literature did not identify any controlled clinical trials. Several case series were identified, which included patients with cervical, thoracic and lumbar back pain, treated according to varying protocols. In the largest case series, West and colleagues reported on 177 patients with back pain who had failed prior therapy. The patients were treated with 3 sequential manipulations under intravenous sedation, followed by 4 to 6 weeks of further chiropractic spinal manipulation. At 6-month follow-up, there was a 60% improvement in their Visual Analog Scale (VAS) scores. However, this uncontrolled study cannot isolate the contribution of the manipulation under anesthesia compared to the placebo effect, the effect of continued chiropractic therapy, or the natural history of the condition. Other small case series focused on the use of manipulation in conjunction with corticosteroid injections. Similarly, this literature does not permit scientific interpretation.
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PRICING:
None

REFERENCES:


DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.