



Plain language summary

Spinal Manipulation Under Anesthesia

Utilization Management Policy # 393

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What is spinal manipulation under anesthesia and what is known about it so far?

Spinal pain is a common problem. Traditional treatments that are helpful for some patients with neck, mid, and low back pain include drugs (pain killers, anti-inflammatory drugs, and muscle relaxants), physical therapy, manipulation, and exercise. Spinal manipulation under anesthesia (MUA) is a possible alternative treatment for spinal pain.

MUA requires the coordinated services of both an anesthesiologist and a health care professional (chiropractor, physician, or physical therapist), who is specially trained in using his or her hands to move the bones in the spine while a person is not conscious.

There is disagreement about the role of MUA in treating spinal pain. It is uncertain if MUA helps more than traditional treatments. Most healthcare organizations exclude MUA from benefit coverage.

How was Spinal MUA evaluated?

A work group of clinicians was assigned to review the available research. The internet was searched for policies, guidelines, and articles about spinal MUA. The work group independently examined the research using a broadly accepted method. Possible ratings were high, moderate, low, or very low quality.

Before it was approved, the policy was then presented to a series of committees, who included independent health care practitioners.

What did the work group find?

The research quality was rated as very low. It was not possible to make a determination that spinal MUA provided more benefit or less risk, when compared to generally accepted and safe treatments including traditional spinal manipulation. The vast majority of other healthcare companies appear to have reached a similar conclusion.

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What are the conclusions?

Spinal MUA is viewed as *unproven and not medically necessary*. Further research is needed before MUA can be considered an established treatment option for a variety of spinal conditions.