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PROVIDER BULLETIN

**TOPIC: Coflex**

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The Medical Commission reviewed the use of Coflex in April, 2013 and made the following determination:

Based on review of the current literature, Coflex will not be authorized by the Division based on the Wyoming Workers' Compensation Rules & Regulations, Chapter 1, Section 4. (al) Medically Necessary. "Medically necessary treatment" means those health services for a compensable injury that are reasonable and necessary for the diagnosis and cure or significant relief of a condition consistent with any applicable treatment parameter.

The Division then received a letter from Dr. Pettine in January, 2015 requesting reconsideration. Dr. Broomfield has asked that this be considered by the panel based on the information provided by Dr. Pettine. Based on the review of the current literature at that time in April, 2015 Coflex will not be authorized.

The Division then was requested to re-review the current literature provided by Dr. Emery in October, 2016. It was determined that Coflex would be approved if the procedure meets the preauthorization guidelines. This includes the need for both stabilization and decompression and if it is recommended by the Board Certified Neurosurgeons through the Peer Review process. This will be a one year trial to determine the effectiveness of this procedure.

**Effective date December 1, 2016**

