



Matthew H. Mead
Governor

State of Wyoming

Department of Workforce Services

DIVISION OF WORKERS' COMPENSATION

1510 East Pershing Boulevard, South Wing

Cheyenne, Wyoming 82002

<http://www.wyomingworkforce.org>



John Cox
Director

John Ysebaert
Deputy Director

Wyoming Workers' Compensation Medical Commission

Provider Bulletin: 2018-0001

Date: November 26, 2018

Subject: CoFlex

Medical Commission subcommittee members:

Dr. Reed Shafer

Dr. Pete Kuhn

Dr. H. Davis

Dr. Paul Ruttle

Susie Harrison RN, BSN

Guest:

Lynda Mapp RN

Discussion: The use of CoFlex devices was extensively reviewed and discussed for the treatment of lumbar spinal stenosis. The committee reviewed several recent studies, articles, and national payer policy determinations on Paradigm Spine CoFlex and CoFlex-F; interspinous process decompression (IPD), interspinous process fusion devices (IPF).

The panel reviewed the following literature:

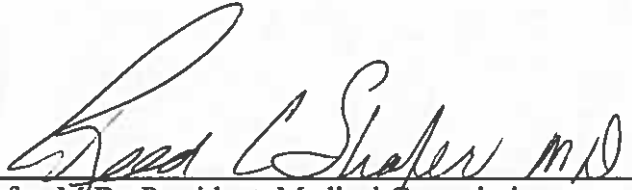
1. Oregon Health & Science University. (2017). Interlaminar/interspinous process distraction devices for neurogenic claudication or lumbar stenosis cpt codes 22867-22870. *Center for Evidence-based policy*. 1-43
2. Ghiselli G, & Kreiner S. (2018). Lumbar Interspinous Device without Fusion & with decompression. *North American Spine Society*, 1-10.
3. Dong Y, Zheng X, et al. (2018). Is the Interspinous Device (CoFlex) outdated in the treatment of spinal stenosis? a seven-year follow up. *Spine Research*, 4:1, 1-10
4. Schmidt S, Franke K, et al. (2018). Prospective, randomized, multicenter study with 2-year follow-up to compare the performance of decompression with and without interlaminar stabilization. *J Neurosurg Spine*, 28:406, 406-415.
5. Davis R, Errico T, et al. (2013). Decompression and CoFlex interlaminar stabilization compared with decompression and instrumented spinal fusion for spinal stenosis and low grade spondylolisthesis; *Spine*, 15:38 1529-1539.




6. Yuan, W, Su Q, et al. (2017). Evaluation of CoFlex interspinous stabilization following decompression compared with posterior lumbar interbody fusion. *J Clin Neurosci* 35:24-29.
7. BlueCross BlueShield of North Carolina. (2018). Corporate medical policy, interspinous and interlaminar stabilization/distraction devices. 1-7
8. UnitedHealthcare. (2018). Policy guideline insertion of posterior spinous process device. 1-4.
9. UnitedHealthcare. (2018). Medical policy-surgical treatment for spine pain. 1-28
10. Regence. (2018). Medical policy manual-interspinous and interlaminar stabilization devices. Surgery, policy No. 155.1-17.

Decision:

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. (a) 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 available evidence does not support the use of CoFlex devices of any kind; pending any new or updated study information and payer policy decisions.


 Reed Shafer, M.D., President, Medical Commission

Dec 5, 2018
 Date


 Steve Czoschke, Administrator, Workers' Compensation

12-6-18
 Date

