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:


**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. (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 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

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Date: Dec 5, 2018

Steve Czoschke, Administrator, Workers’ Compensation

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Date: 12-6-18