State of California Office of Administrative Law

In re:

Division of Workers' Compensation

Regulatory Action:

Title 08, California Code of Regulations

Adopt sections:

Amend sections: 9792.23.8

Repeal sections:

NOTICE OF FILING AND PRINTING ONLY

Government Code Section 11343.8

OAL Matter Number: 2021-0616-03

OAL Matter Type: File and Print Only (FP)

This file-and-print action makes evidence-based updates to the medical treatment utilization schedule (MTUS). This action is exempt from the rulemaking provisions of the Administrative Procedure Act and OAL review pursuant to Labor Code section 5307.27(a).

OAL filed this regulation(s) or order(s) of repeal with the Secretary of State, and will publish the regulation(s) or order(s) of repeal in the California Code of Regulations.

Date: July 29, 2021

> Eric Partington Senior Attorney

For:

Kenneth J. Poque

Director

Original: George Parisotto, Administrative

Director

Copy:

John Cortes

STATE OF CALIFORNIA—OFFICE OF ADMINISTR NOTICE PUBLICATION				ructions on	For use by Secretary of State only
STD. 400 (REV. 01-2013)			i reve	erse)	
OAL FILE NOTICE FILE NUMBER NUMBERS Z-	REGULATORY ACT	-ablb-TF	EMERGENCY NUMB	BER	
	Pol use by Office of Admir	1	ZI JUN 16 P	3: 03	ENDORSED - FILED in the office of the Secretary of State of the State of California
		A. S.	OFFICE OF MINISTRATIVE		JUL 29 2021
					1:51 PM
NOTICE					
AGENCY WITH RULEMAKING AUTHORITY Division of Workers' Compensation within the Department of Industrial Relations					AGENCY FILE NUMBER (If any)
PUBLICATION OF NOTICE SUBJECT OF NOTICE	E (Complete for pub				
1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFF	ECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE Notice re Proposed Regulatory Action Other	4. AGENCY CON	TACT PERSON	TELEPHONE NUMBER	R	FAX NUMBER (Optional)
OAL USE ACTION ON PROPOSEI ONLY Approved as Submitted	O NOTICE Approved as Modified	Disapproved/ Withdrawn	NOTICE REGISTER N	NUMBER	PUBLICATION DATE
B. SUBMISSION OF REGUL			andations)		
1a. SUBJECT OF REGULATION(S) Medical Treatment Utilization				IOUS RELATED O	AL REGULATORY ACTION NUMBER(S)
2. SPECIFY CALIFORNIA CODE OF REGULATIONS	TITLE(S) AND SECTION(S) (Including ti	tle 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.) AMEND 9792.23.8					
TITLE(S)	REPEAL			***	
3. TYPE OF FILING	4				
Regular Rulemaking (Gov. Code §11346) Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3,	Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code \$\$11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.				Changes Without Regulatory Effect (Cal. Code Regs., title 1, \$100) Print Only
11349.4) Emergency (Gov. Code, §11346.1(b)) Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) Other (Specify) pursuant to Labor Code 5307.27(a)					
4. ALL BEGINNING AND ENDING DATES OF AVAIL	ABILITY OF MODIFIED REGULATIONS AT	ND/OR MATERIAL ADDED TO T	HE RULEMAKING FILE (Cal. Code	e Regs. title 1, §44 ar	nd Gov. Code §11347.1)
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 1 Effective January 1, April 1, July 1, or	Effective on filing with		Vithout Effective	lulu 10, 2	021
October 1 (Gov. Code §11343.4(a)) 6. CHECK IF THESE REGULATIONS REQUI			R CONCURRENCE BY, ANOT	fy) July 19, 2 THER AGENCY OF	RENTITY
Department of Finance (Form STD. 3 Other (Specify)	99) (SAM \$6660)	Fall Folitical Fi	ractices Commission		State Fire Marshal
7. CONTACT PERSON		TELEPHONE NUMBER	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
John Cortes		510-286-0519	510-286-0		icortes@dir.ca.gov
8. I certify that the attached of the regulation(s) ident is true and correct, and t or a resignee of the head	ified on this form, that t hat I am the head of the a	he information spe agency taking this	ecified on this form action.		Office of Administrative Law (OAL) only ZED FOR FILING AND PRINTING
SIGNATURE OF AGENCY HEAD OR DESIG	DATE			JUL 29 2021	
TYPED NAME AND TITLE OF SIGNATORY George Parisotto, Administrati	ve Director, Division of	Workers' Compens	ation		
, and compensation				Office of Administrative Law	

TITLE 8. INDUSTRIAL RELATIONS DIVISION 1. DEPARTMENT OF INDUSTRIAL RELATIONS CHAPTER 4.5. DIVISION OF WORKERS' COMPENSATION SUBCHAPTER 1. ADMINISTRATIVE DIRECTOR -- ADMINISTRATIVE RULES ARTICLE 5.5.2. MEDICAL TREATMENT UTILIZATION SCHEDULE

§ 9792.23.8. Workplace Mental Health Guideline.

- (a) The Administrative Director adopts and incorporates by reference the Introduction to the Workplace Mental Health Guideline (ACOEM March 13, 2019) into the MTUS. The Workplace Mental Health Guideline consists of specific modules set forth below from the ACOEM Practice Guidelines addressing the issue of Workplace Mental Health:
- (1) Posttraumatic Stress Disorder and Acute Stress Disorder (ACOEM December 18, 2018).
- (2) Depressive Disorders (ACOEM January 13, 2020).
- (3) Anxiety Disorders (ACOEM April 30, 2021).

Note: Authority cited: Sections 133, 4603.5, 5307.3 and 5307.27, Labor Code. Reference: Sections 77.5, 4600, 4604.5 and 5307.27, Labor Code.



Anxiety Disorders

Effective Date: April 30, 2021

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Panel members for the multidisciplinary Workplace Mental Health Guideline represent expertise in addiction medicine, clinical psychology, educational psychology, forensic psychiatry, internal medicine, neurology, occupational medicine, preventive medicine, psychiatry, and psychology. As required for quality guidelines (Institute of Medicine's (IOM) Standards for Developing Trustworthy Clinical Practice Guidelines and Appraisal of Guidelines for Research and Evaluation (AGREE)), a detailed application process captured conflicts of interest. The above panel has none to declare relevant to this guideline.

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