

**State of California
Office of Administrative Law**

In re:
Division of Workers' Compensation

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Regulatory Action:

Government Code Section 11349.3

Title 8, California Code of Regulations

OAL File No. 2015-0306-01 S

Adopt sections: 9792.21.1, 9792.25.1


**Amend sections: 9792.20, 9792.21, 9792.23,
9792.24.1, 9792.24.3,
9792.25, 9792.26**

Repeal sections:

This rulemaking action adopts and amends regulations in Title 8 of the California Code of Regulations concerning Workers' Compensation and the Medical Treatment Utilization Schedule (MTUS). More specifically, the action establishes a medical literature search sequence to guide those who make medical treatment decisions and amends the existing strength-of-evidence-methodology used by those who making medical treatment decisions in choosing, from among competing recommendations, the recommendation supported by the best available evidence. The action also adds two members to the Medical Evidence Evaluation Advisory Committee.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 4/20/2015.

Date: 4/20/2015



**Dale P. Mentink
Senior Attorney**

**For: DEBRA M. CORNEZ
Director**

**Original: Destie Overpeck
Copy: John Cortes**

NOTICE PUBLICATION/REGULATIONS SUBMISSION

REGULAR

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2014-0505-01	REGULATORY ACTION NUMBER 2015-0306-015	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

'APR 20 2015
3:21 PM

2015 MAR -6 AM 9:47

OFFICE OF
ADMINISTRATIVE LAW

AGENCY WITH RULEMAKING AUTHORITY

Division of Workers' Compensation

AGENCY FILE NUMBER (if any)

per agency
request

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2014, 202	PUBLICATION DATE 5/16/2014

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Workers' Compensation-Medical Treatment Utilization Schedule	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) Z-2009-0506-01, Z-2008-0617-01, Z-2007-0504-025
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT 9792.21.1 and 9792.25.1 AMEND 9792.20, 9792.21, 9792.23, 9792.24.1, 9792.24.3, 9792.25, and 9792.26 REPEAL
TITLE(S) 8	

3. TYPE OF FILING			
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> 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.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
8/15/14 - 8/30/14	1/24/14 - 12/9/14	12/29/14 - 1/13/15	DM

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal	DM

7. CONTACT PERSON			
John G. Cortes	TELEPHONE NUMBER (510) 286-0519	FAX NUMBER (Optional) (510) 286-0687	E-MAIL ADDRESS (Optional) jcortes@dir.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Destie Overpeck</i>	DATE 3/5/15
TYPED NAME AND TITLE OF SIGNATORY Destie Overpeck, Acting Administrative Director, Division of Workers' Compensation	

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ENDORSED APPROVED

APR 20 2015

Office of Administrative Law