

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

**§ 9792.20. Medical Treatment Utilization Schedule—Definitions**

As used in this Article:

(a) “Acute” means a medical condition lasting less than 3 months.

(b) “American College of Occupational and Environmental Medicine (ACOEM)” is a medical society of physicians and other health care professionals specializing in the field of occupational and environmental medicine, dedicated to promoting the health of workers through preventive medicine, clinical care, research, and education.

(c) “ACOEM Practice Guidelines” means the American College of Occupational and Environmental Medicine’s Occupational Medicine Practice Guidelines, 2<sup>nd</sup> Edition (2004), published by OEM Press. The Administrative Director incorporates the ACOEM Practice Guidelines by reference. A copy may be obtained from OEM Press, 8 West Street, Beverly Farms, Massachusetts 01915 (www.oempres.com).

(d) “Chronic” means a medical condition lasting 3 months or more.

(e) “Claims administrator” is a self-administered workers' compensation insurer, a self-administered self-insured employer, a self-administered legally uninsured employer, a self-administered joint powers authority, a third-party claims administrator, or the California Insurance Guarantee Association.

(f) “Evidence-based” means based, at a minimum, on a systematic review of literature published in medical journals included in MEDLINE.

(g) “Hierarchy of evidence” establishes the relative weight that shall be given to scientifically based evidence.

(h) “Medical treatment” is care which is reasonably required to cure or relieve the employee from the effects of the industrial injury consistent with the requirements of sections 9792.20-9722.23.

(i) “Medical treatment guidelines” means written recommendations systematically developed through a comprehensive literature search to assist in decision-making about the appropriate health care for specific clinical circumstances.

(j) “Medical treatment provider” means a provider of medical services as well as related services or goods, including but not limited to an individual or facility, a health care

service plan, a health care organization, a member of a preferred provider organization, or medical provider network as provided in Labor Code section 4616.

(k) “MEDLINE” commonly known as PubMed is the search engine for the National Library of Medicine. Its website address is [www.pubmed.gov](http://www.pubmed.gov).

(l) “Nationally recognized” means published in a peer-reviewed medical journal; or developed, endorsed and disseminated by a national organization based in two or more U.S. states; or currently adopted by one or more U.S. state governments or by the U.S. federal government; and is the most current version.

(m) “Scientifically based” means based on scientific literature, wherein the literature is identified through performance of a literature search, the identified literature is graded, and then used as the basis for the guideline.

Authority: Sections 133, 4603.5, 5307.3, and 5307.27, Labor Code.

Reference: Sections 77.5, 4600, 4604.5, and 5307.27, Labor Code.

### **§ 9792.21. Medical Treatment Utilization Schedule**

(a) The Administrative Director adopts and incorporates by reference the American College of Occupational and Environmental Medicine’s Occupational Medicine Practice Guidelines (ACOEM Practice Guidelines), Second Edition (2004), published by OEM Press, into the medical treatment utilization schedule. A copy may be obtained from OEM Press, 8 West Street, Beverly Farms, Massachusetts 01915 ([www.oempress.com](http://www.oempress.com)).

(b) The ACOEM Practice Guidelines are intended to assist medical treatment providers by offering an analytical framework for the evaluation and treatment of injured workers and to help those who make decisions regarding the medical treatment of injured workers understand what treatment has been proven effective in providing the best medical outcomes to those workers, in accordance with section 4600 of the Labor Code.

(c) Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the ACOEM Practice Guidelines. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based medical treatment guidelines that are generally recognized by the national medical community, in accordance with subdivisions (b) and (c) of section 9792.22.

Authority: Sections 133, 4603.5, 5307.3, and 5307.27, Labor Code.

Reference: Sections 77.5, 4600, 4604.5, and 5307.27, Labor Code.

**§ 9792.22. Presumption of Correctness, Burden of Proof and Hierarchy of Scientific Based Evidence**

(a) The ACOEM Practice Guidelines are presumptively correct on the issue of extent and scope of medical treatment and diagnostic services addressed in those guidelines for both acute and chronic medical conditions. The presumption is rebuttable and may be controverted by a preponderance of scientific medical evidence establishing that a variance from the schedule is reasonably required to cure or relieve the injured worker from the effects of his or her injury. The presumption created is one affecting the burden of proof.

(b) For all conditions or injuries not addressed by the ACOEM Practice Guidelines, authorized treatment and diagnostic services shall be in accordance with other scientifically and evidence-based medical treatment guidelines that are generally recognized by the national medical community.

(c)(1) For conditions or injuries not addressed by subdivisions (a) or (b) above; for medical treatment and diagnostic services at variance with both subdivisions (a) or (b) above; or where a recommended medical treatment or diagnostic service covered under subdivision (b) is at variance with another treatment guideline also covered under subdivision (b), the following hierarchy of scientifically based evidence published in peer-reviewed, nationally recognized journals shall apply to determine the effectiveness of different medical treatment and diagnostic services:

(A) **Level A.** Strong research-based evidence provided by generally consistent findings in multiple (more than one) high quality randomized control studies (RCTs).

(B) **Level B.** Moderated research-based evidence provided by generally consistent findings in one high-quality RCT and one or more low quality RCTs, or generally consistent findings in multiple low quality RCTs.

(C) **Level C.** Limited research based evidence provided by one RCT (either high or low quality) or inconsistent or contradictory evidence findings in multiple RCTs.

(2) Evidence shall be given the highest weight in the order of the hierarchy of evidence.

Authority: Sections 133, 4603.5, 5307.3, and 5307.27, Labor Code.

Reference: Sections 77.5, 4600, 4604.5, and 5307.27, Labor Code.

**§ 9792.23. Medical Evidence Evaluation Advisory Committee**

(a)(1) The Medical Director shall create a medical evidence evaluation advisory committee to provide recommendations to the Administrative Director on matters concerning the medical treatment utilization schedule. The recommendations are advisory only and shall not constitute scientifically based evidence.

(A) If the Medical Director position becomes vacant, the Administrative Director shall appoint a competent person to temporarily assume the authority and duties of the Medical Director as set forth in this section, until such time that the Medical Director position is filled.

(2) The members of the medical evidence evaluation advisory committee shall be appointed by the Medical Director, or his or her designee, and shall consist of 10 members of the medical community representing the following specialty fields:

(A) One member shall be from the orthopedic field;

(B) One member shall be from the chiropractic field;

(C) One member shall be from the occupational medicine field;

(D) One member shall be from the acupuncture medicine field;

(E) One member shall be from the physical or occupational therapy field;

(F) One member shall be from the psychology or psychiatry field;

(G) One member shall be from the pain specialty field;

(H) Three members shall be appointed at the discretion of the Medical Director or his or her designee.

(3) In addition to the ten members of the medical evidence evaluation advisory committee appointed under subdivision (a)(2) above, the Medical Director, or his or her designee, may appoint an additional three members to the medical evidence evaluation advisory committee as subject matter experts for any given topic.

(b) The Medical Director, or his or her designee, shall serve as the chairperson of the medical evidence evaluation advisory committee.

(c) The members of the medical evidence evaluation advisory committee shall use the hierarchy of evidence set forth in subdivision (c)(1) of section 9792.22 to evaluate evidence when making recommendations to revise, update or supplement the medical treatment utilization schedule.

(d) The members of the medical evidence evaluation advisory committee, except for the three subject matter experts, shall serve a term of one year period, but shall remain in that position until a successor is selected. The subject matter experts shall serve as member of the medical evidence evaluation advisory committee until the evaluation of the subject matter guideline is completed.

(f) The Administrative Director, in consultation with the medical evidence evaluation advisory committee, may revise, update, and supplement the medical treatment utilization schedule as necessary.

Authority: Sections 133, 4603.5, 5307.3, and 5307.27, Labor Code.

Reference: Sections 77.5, 4600, 4604.5, and 5307.27, Labor Code.