

**State of California  
Office of Administrative Law**

**In re:**

**Division of Workers Compensation**

**Regulatory Action:**

**Title 8, California Code of Regulations**

**Adopt sections:** 9785.5, 9792.6.1, 9792.9.1,  
9792.10.1, 9792.10.2,  
9792.10.3, 9792.10.4,  
9792.10.5, 9792.10.6,  
9792.10.7, 9792.10.8,  
9792.10.9

**Amend sections:** 9785, 9792.6, 9792.7,  
9792.9, 9792.10, 9792.11,  
9792.12, 9792.15

**Repeal sections:**

**NOTICE OF APPROVAL OF CERTIFICATE OF  
COMPLIANCE**

**Government Code Section 11349.1 and  
11349.6(d)**

**OAL File No. 2013-1230-04 C**

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The Division of Workers Compensation submitted a certificate of compliance for emergency regulations adopting new sections 9785.5, 9792.6.1, and 9792.10.1 through 9792.10.9 and amending sections 9785, 9792.6, 9792.10, and 9792.12 of title 8 of the California Code of Regulations concerning utilization review and providing for independent medical review in order to implement changes made to the Labor Code on January 1, 2013 by Senate Bill 863. This certificate of compliance also amends sections 9792.7, 9792.11, and 9792.15 of title 8 of the California Code of Regulations.

OAL approves this regulatory action pursuant to section 11349.6(d) of the Government Code effective on filing with the Secretary of State pursuant to Government Code section 11343.4(b)(3).

Date: February 12, 2014

**CRIG TARPENNING**

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Craig S. Tarpenning  
Assistant Chief Counsel

For: DEBRA M. CORNEZ  
Director

Original: Destie Overpeck  
Copy: George Parisotto

**NOTICE PUBLICATION/REGULATIONS SUBMISSION**

**CERT**

See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-09)

<b>OAL FILE NUMBER</b>	<b>NOTICE FILE NUMBER</b> Z-2013-0205-02	<b>REGULATORY ACTION NUMBER</b> 2013-1230-04C	<b>EMERGENCY NUMBER</b>
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**ENDORSED FILED IN THE OFFICE OF**

**2014 FEB 12 PM 3:26**

*Debra Bowen*  
**DEBRA BOWEN**  
SECRETARY OF STATE

For use by Office of Administrative Law (OAL) only

<b>NOTICE</b>	<b>REGULATIONS</b>
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**AGENCY WITH RULEMAKING AUTHORITY**  
Division of Workers' Compensation

**AGENCY FILE NUMBER (if any)**

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

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

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

<b>1a. SUBJECT OF REGULATION(S)</b> Workers' Compensation - Utilization Review, Independent Medical Review	<b>1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)</b> 2012-1219-04E; 2013-0620-03EE; 2013-0924-03EE
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<b>2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)</b>
<b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b>
<b>ADOPT</b> 9785.5, 9792.6.1, 9792.9.1, 9792.10.1, 9792.10.2, 9792.10.3, 9792.10.4, 9792.10.5, (see attachment)
<b>AMEND</b> 9785, 9792.6, 9792.7, 9792.9, 9792.10, 9792.11, 9792.12 and 9792.15
<b>REPEAL</b>
<b>TITLE(S)</b> 8

**3. TYPE OF FILING**

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input checked="" 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)**  
9/27/13 - 10/11/13; 12/6/13 - 12/21/13; 12/11/13 - 12/26/13

**5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)**

<input type="checkbox"/> Effective 30th day after filing with Secretary of State	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> 5100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____
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**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
<input type="checkbox"/> Other (Specify) _____		

<b>7. CONTACT PERSON</b> George Parisotto	<b>TELEPHONE NUMBER</b> (510) 286-0639	<b>FAX NUMBER (Optional)</b> (510) 286-0687	<b>E-MAIL ADDRESS (Optional)</b> gparisotto@dir.ca.gov
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**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.**

<b>SIGNATURE OF AGENCY HEAD OR DESIGNEE</b> <i>Destie Overpeck</i>	<b>DATE</b> 2/11/14
<b>TYPED NAME AND TITLE OF SIGNATORY</b> Destie Overpeck, Acting Administrative Director, Division of Workers' Compensation	

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

**FEB 12 2014**

**Office of Administrative Law**

Notice Publication/Regulations Submission

STD. 400 (Rev. 01-09)

Attachment Sheet

Notice File Number Z-

Department of Industrial Relations, Division of Workers' Compensation

Subject of Regulations: Workers' Compensation, Utilization Review and Independent Medical Review

Sections Affected (continuation)

Adopt: 9792.10.6, 9792.10.7, 9792.10.8, and 9792.10.9.