

**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: 9792.23.5

Repeal sections:

NOTICE OF FILING AND PRINTING ONLY

Government Code Section 11343.8

OAL Matter Number: 2021-1013-02

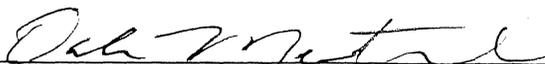
OAL Matter Type: File and Print Only (FP)

---

This is a request to file with the Secretary of State and print in the California Code of Regulations the adoption and incorporation by reference of the February 13, 2020, Low Back Disorders Guideline of the American College of Occupational and Environmental Medicine (Guideline), and the repeal of the March 7, 2019 Guideline, in the Medical Treatment Utilization Schedule. This action is exempt from the Administrative Procedure Act pursuant to Labor Code section 5307.27(a). This action is effective on November 23, 2021.

OAL filed this regulation with the Secretary of State and will publish it in the California Code of Regulations.

Date: November 8, 2021

  
Dale Mentink  
Assistant Chief Counsel

For: Kenneth J. Pogue  
Director

Original: George Parisotto, Administrative  
Director

Copy: John Cortes

# FILE PRINT

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

|                  |                                 |   |                               |
|------------------|---------------------------------|---|-------------------------------|
| OAL FILE NUMBERS | NOTICE FILE NUMBER<br><b>Z-</b> | REGULATORY ACTION NUMBER<br><b>2021-1013-02</b> | EMERGENCY NUMBER<br><b>FP</b> |
|------------------|---------------------------------|---|-------------------------------|

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

**NOV 08 2021**

*1:18 pm*

For use by Office of Administrative Law (OAL) only

OFFICE OF ADMIN. LAW  
 2021 OCT 13 AM 11:39

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY  
 Division of Workers' Compensation within the Department of Industrial Relations

AGENCY FILE NUMBER (if any)

**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<br><input type="checkbox"/> Notice re Proposed Regulatory Action<br><input type="checkbox"/> Other |  | 4. AGENCY CONTACT PERSON | TELEPHONE NUMBER       | FAX NUMBER (Optional)         |
| <b>OAL USE ONLY</b>   | ACTION ON PROPOSED NOTICE<br><input type="checkbox"/> Approved as Submitted<br><input type="checkbox"/> Approved as Modified<br><input type="checkbox"/> Disapproved/Withdrawn |                          | NOTICE REGISTER NUMBER | PUBLICATION DATE              |

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

|   |  |
|---|--|
| 1a. SUBJECT OF REGULATION(S)<br>Medical Treatment Utilization Schedule (MTUS) | 1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) |
|---|--|

|   |                    |
|---|--------------------|
| 2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)<br><br><b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b> | ADOPT              |
|   | AMEND<br>9792.23.5 |
|   | REPEAL             |
| TITLE(S)<br>8   |                    |

3. TYPE OF FILING

|   |   |  |   |
|---|---|--|---|
| <input 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 checked="" type="checkbox"/> File & Print   | <input type="checkbox"/> Print Only   |
| <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))   |   | <input checked="" type="checkbox"/> Other (Specify) <u>pursuant to Labor Code 5307.27(a)</u> |   |

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, 544 and Gov. Code §11347.1)

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 type="checkbox"/> Effective on filing with Secretary of State | <input type="checkbox"/> \$100 Changes Without Regulatory Effect | <input checked="" type="checkbox"/> Effective other (Specify) <u>November 23, 2021</u> |
|---|--|--|--|

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

|  |  |   |
|--|--|---|
| <input 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)                                   |  |   |

|                                  |                                  |                                       |   |
|----------------------------------|----------------------------------|---------------------------------------|---|
| 7. CONTACT PERSON<br>John Cortes | TELEPHONE NUMBER<br>510-286-0519 | FAX NUMBER (Optional)<br>510-286-0676 | E-MAIL ADDRESS (Optional)<br>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<br>  | DATE<br>October 11, 2021 |
| TYPED NAME AND TITLE OF SIGNATORY<br>George Parisotto, Administrative Director, Division of Workers' Compensation |                          |

For use by Office of Administrative Law (OAL) only

**AUTHORIZED FOR FILING AND PRINTING**

**NOV 08 2021**

**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**

**§ 9792.23.5. Low Back Disorders Guideline.**

(a) The Administrative Director adopts and incorporates by reference the Low Back Disorders Guideline (ACOEM ~~March 7, 2019~~ February 13, 2020) into the MTUS from the ACOEM Practice Guidelines.

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.