

**State of California
Office of Administrative Law**

In re:

Division of Workers Compensation

Regulatory Action:

Title 8, California Code of Regulations

Adopt sections: 37, 10159

Amend sections: 1, 11, 11.5, 13, 14, 17, 26,
30, 31.3, 31.5, 31.7, 32, 33,
34, 35, 35.5, 36, 38, 100,
104, 105, 106, 109, 110,
112, 117, 10160

Repeal sections: 31.2

**NOTICE OF APPROVAL OF CERTIFICATE OF
COMPLIANCE**

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

OAL File No. 2013-0802-01 C

This certification of emergency rulemaking action 2012-1219-03E (re-adopted as 2013-0620-05EE) by the Division of Workers' Compensation amends the Qualified Medical Examiner (QME) regulations in accordance with statutory changes made pursuant to Senate Bill 863 (Stats. 2012, c. 363). The amended rules clarify that the independent medical review process is the sole process for resolving disputes regarding ongoing or continuing medical treatment issues, limit the number of offices a QME may conduct evaluations from, streamline the application process for chiropractors, allow for factual correction of a comprehensive medical-legal report from a QME panel, and amend a number of forms.

OAL approves this regulatory action pursuant to section 11349.6(d) of the Government Code.

Date: 9/16/2013


Eric Partington
Staff Counsel

For: DEBRA M. CORNEZ
Director

Original: Destie Overpeck

Copy: James Fisher

NOTICE PUBLICATION/REGULATION SUBMISSION

CERT

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-09)

per agency

OAL FILE NUMBERS: Z-2013-0205-03, 2013-0802-01C; NOTICE FILE NUMBER; REGULATORY ACTION NUMBER; EMERGENCY NUMBER

For use by Office of Administrative Law (OAL) only

2013 AUG -2 AM 9:02 OFFICE OF ADMINISTRATIVE LAW

PROCESSED FILED IN THE OFFICE OF SEP 16 2013 3:31 Dina Brown

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY: Division of Workers' Compensation

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; 4. AGENCY CONTACT PERSON; TELEPHONE NUMBER; FAX NUMBER (Optional); OAL USE ONLY; ACTION ON PROPOSED NOTICE; NOTICE REGISTER NUMBER; PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S): Workers' Compensation - Qualified Medical Evaluator Regulations - PDRS; 1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S): OAL File Nos. 2012-1219-03E and 2013-0620-05 EE

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related); SECTION(S) AFFECTED; TITLE(S); ADOPT; AMEND; REPEAL

3. TYPE OF FILING; Regular Rulemaking; Resubmittal of disapproved or withdrawn nonemergency filing; Emergency; Certificate of Compliance; Emergency Readopt; File & Print; Other; Changes Without Regulatory Effect; Print Only

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): June 3, 2013 - June 18, 2013

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100): Effective 30th day after filing with Secretary of State; Effective on filing with Secretary of State; \$100 Changes Without Regulatory Effect; Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY: Department of Finance (Form STD. 399) (SAM §6650); Fair Political Practices Commission; State Fire Marshal; Other (Specify)

7. CONTACT PERSON: James Fisher; TELEPHONE NUMBER: (510) 286-0679; FAX NUMBER (Optional): (510) 286-0687; E-MAIL ADDRESS (Optional): Jfisher@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: Destie Overpeck; DATE: 8/1/13; TYPED NAME AND TITLE OF SIGNATORY: Destie Overpeck, Acting Administrative Director, Division of Workers' Compensation

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

SEP 16 2013

Office of Administrative Law

Notice publication/Regulations Submission

STD. 400 (Rev. 01-09)

Attachment Sheet for Section B

OAL File No. 2013-0802-01C

Department of Industrial Relations, Division of Workers' Compensation
Subject of Regulations: Workers' Compensation, Qualified Medical Evaluator
Regulations – PDRS

Sections Affected:

Amend: Sections 1, 11, 11.5, 13, 14, 17, 26, 30, 31.3, 31.5, 31.7, 32, 33, 34, 35, 35.5,
36, 38, 100, 104, 105, 106, 109, 110, 112, 117, 10160