

**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: 9792.23.7, 9792.23.10

Repeal sections:

NOTICE OF FILING AND PRINTING ONLY

Government Code Section 11343.8

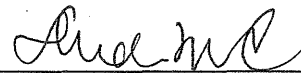
OAL Matter Number: 2026-0618-02

OAL Matter Type: File and Print Only (FP)

This file and print action pursuant to Labor Code section 5307.27, by the Division of Workers' Compensation within the Department of Industrial Relations, makes evidence-based updates to Medical Treatment Utilization Schedules. This action is exempt from the Administrative Procedure Act pursuant to Labor Code section 5307.27.

OAL filed these regulations with the Secretary of State, and will publish the regulations in the California Code of Regulations.

Date: July 30, 2026



Andrea Christensen
Senior Attorney

For: Kenneth J. Pogue
Director

Original: Nicole Richardson , Acting
Director

Copy: Daniel Biedler

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 10/2019)

FILE PRINT

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2026-0618-02	EMERGENCY NUMBER HP
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY Division of Workers' Compensation within the Department of Industrial Relations			AGENCY FILE NUMBER (If any)

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

JUL 30 2026

2:18pm

OFFICE OF ADMIN. LAW
2026 JUN 18 AM 11:24

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 ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) 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)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT	
TITLES		AMEND	
8		9792.23.7; 9792.23.10	
3. TYPE OF FILING		REPEAL	
☐ Regular Rulemaking (Gov. Code §11346) ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) ☐ Emergency (Gov. Code, §11346.1(b)) ☐ 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. ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) ☐ Emergency Readopt (Gov. Code, §11346.1(h)) ☒ File & Print ☒ Other (Specify) pursuant to LC section 5307.27(a) ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) ☐ 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)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) ☐ Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) ☐ Effective on filing with Secretary of State ☐ \$100 Changes Without Regulatory Effect ☒ Effective other (Specify) August 1, 2026			
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 §6660) ☐ Fair Political Practices Commission ☐ State Fire Marshal ☐ Other (Specify)			
7. CONTACT PERSON Daniel Biedler		TELEPHONE NUMBER (510) 286-0563	FAX NUMBER (Optional) (510) 286-0671
		E-MAIL ADDRESS (Optional) dbiedler@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 Nicole Richardson Digitally signed by Nicole Richardson Date: 2026.06.18 09:02:37 -0700	DATE June 18, 2026
TYPED NAME AND TITLE OF SIGNATORY Nicole Richardson, Acting Administrative Director of Workers' Compensation	

For use by Office of Administrative Law (OAL) only

AUTHORIZED FOR FILING AND PRINTING

JUL 30 2026

Office of Administrative Law