In the Matter of the Compensation of
WCB Case No. 14-05244
**YVONNE E. SMITH**, Claimant
ORDER ON REVIEW
Alvey Law Group, Claimant Attorneys
Sather Byerly & Holloway, Defense Attorneys

Reviewing Panel: Members Curey and Weddell.

Claimant requests review of that portion of Administrative Law Judge (ALJ) Jacobson's order that upheld the self-insured employer's denial of her occupational disease claim for formaldehyde exposure. On review, the issue is compensability.

We adopt and affirm the ALJ's order with the following supplementation regarding medical causation.

To establish the compensability of her occupational disease claim, claimant must show that employment conditions were the major contributing cause of the disease. ORS 656.266(1); ORS 656.802(2)(a). Because the causation inquiry presents a complex medical question, it must be resolved by expert medical evidence. *Uris v. State Comp. Dep't*, 247 Or 420, 426 (1967); *Barnett v. SAIF*, 122 Or App 279, 283 (1993). When presented with disagreement among experts, we give more weight to those opinions that are well reasoned and based on complete information. *Somers v. SAIF*, 77 Or App 259, 263 (1986).

Here, after working for the employer for two years at a certain location, claimant began to have frequent episodes of incontinence at work, as well as some eye irritation. (Tr. 9). She associated these occurrences with work exposure in a certain stock room. (*Id.*)

Dr. Morter, a naturopathic physician, diagnosed formaldehyde exposure. Ex. 35-5, -8, -11). Thereafter, claimant filed a claim. (Ex. 3).

Claimant was subsequently evaluated by Dr. Denman, consulting physician. Following a physical examination and urine testing, Dr. Denman concluded that there was "no evidence for association with formaldehyde" and that claimant's symptoms were not a "described risk of such exposure." (Ex. 30-5).

Dr. Burton, medical toxicologist, performed a file review. After doing so, Dr. Burton explained that airborne formaldehyde exposure would produce ocular,

nasal, and upper respiratory symptoms. (Ex. 33-4). Noting that claimant had not experienced such symptoms, Dr. Burton considered claimant's incontinence symptoms to be "totally inconsistent with an exposure to formaldehyde." (*Id.*)

Dr. Morter concluded, however, based on applied kinesiological testing, that claimant was suffering from formaldehyde exposure. (Ex. 35-8 - 11). Based on that testing, she prescribed a detoxification regimen. (Ex. 34-5). Dr. Morter noted that subsequent blood testing was positive for the presence of formaldehyde, but acknowledged that claimant's levels were below known thresholds for clinical relevance. (Ex. 35-16, -17).[1]

While explaining her methodology for diagnosing formaldehyde exposure, Dr. Morter did not address Drs. Denman and Burton's opinions that claimant's symptoms were not a risk of that exposure, and that if such an exposure occurred it would have led to the development of other identifiable symptoms that claimant did not experience. (Exs. 34, 35). Under these circumstances, the persuasiveness of Dr. Morter's opinion is diminished. *See Janet Benedict*, 59 Van Natta 2406, 2409 (2007), *aff'd without opinion*, 227 Or App 289 (2009) (medical opinion less persuasive when it did not address contrary opinions); *Michael J. Fedr*, 68 Van Natta 16, 18 (2016).

In summary, based on the aforementioned reasoning, we conclude that Dr. Morter's opinion does not persuasively establish that claimant's work exposure was the major contributing cause of her claimed occupational disease. ORS 656.266(1); ORS 656.802(2)(a). Accordingly, we affirm.

## ORDER

The ALJ's order dated August 20, 2015 is affirmed.

Entered at Salem, Oregon on February 17, 2016

[1] Dr. Denman characterized the blood test results as "negative." (Ex. 30). Dr. Burton explained that formaldehyde is emitted from wood products at low concentrations. (Ex. 33). He reviewed air sample surveys from claimant's work place and noted that they were within the range of normal indoor air. (Ex. 33-3).