

Revised Recommendation for Work-Related Asthma

(Adopted by the Advisory Board on Toxic Substances and Worker Health, January 28, 2020)

This recommendation pertains to the EEOICP Procedure Manual Appendix 1 (Exposure and Causation Presumptions with Development Guidance for Certain Conditions), Section 5c(ii). We recommend in the following section that the bolded sentence be added and the sentence with the line through be it be removed:

“After a period of covered employment, a qualified physician conducts an examination of either the patient or available medical records and he or she concludes that the evidence supports the employee had asthma and that an occupational exposure to a toxic substance was at least as likely as not a significant factor in causing, contributing to, or aggravating the condition. **The qualified physician must provide a well-rationalized explanation for his or her conclusions.** ~~The qualified physician must provide a well-rationalized explanation with specific information on the mechanism for causing, contributing to, or aggravating the conditions.~~ The strongest justification for acceptance in this type of claim is when the physician can identify the asthmatic incident(s) that occurred while the employee worked at the covered work site and the most likely toxic substances trigger.”

Rationale

Physicians generally understand “mechanism of disease” to signify the cellular or physiologic processes and mediators that cause disease. As in the case of most diseases, clinicians would not be able to identify a “mechanism” for work-related asthma, for two main reasons: a) clinical tools generally do not identify mechanisms of disease, and b) the mechanisms of work-related asthma remain poorly defined. Thus, the request that the physician identify the mechanism of disease is not feasible and should be deleted.