



D74 Forensic Evaluation of Toxic Mold Claims

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After attending this presentation, attendees will understand the science and controversies regarding mold related illness. This presentation will impact the forensic community and/or humanity by educating attorneys, physicians, psychologists, claims examiners and industrial hygienists regarding toxic mold claims.

Participants will learn about the growing “toxic mold industry.” They will learn how to evaluate from medical, toxicologic, and neuropsychiatric aspects of toxic mold claims. The connection between claims of mold related illness to other forms of abnormal illness behavior, and syndromes such as multiple chemical sensitivity, sick building /new building, fibromyalgia, and chronic fatigue will be addressed.

Mold spores are present in all indoor and outdoor environments and cannot be eliminated. Of more than 50,000 species of fungi, only about 150 are known to be human pathogens. While mold mycotoxins can cause mucosal irritation, there is no clear evidence of chronic, nonmucosal pathology in human beings, even in water-damaged buildings. Mold related litigation is described as “the next big thing” after asbestos.

Between 1999 and 2001, there has been a thousand-fold increase in toxic mold-related insurance claims. A query on Google showed 114,000 hits for the term “Toxic Mold Neuropsychiatric.” These key words showed zero hits on Psych info and Medline.

A third of the 600 million dollar homeowner claims paid out by Farmers Insurance in the state of Texas over the past two years was mold related. California became the first state in the nation to legislate moldrelated regulations, i.e., the Toxic Mold Protection Act, SB732, 2001. The magnitude of payouts have led to major insurance companies excluding coverage for mold related damage

Though sometimes serious, physical illness in toxic mold claims is often of short duration. Attorneys and doctors with high profile toxic mold practices often emphasize neuropsychiatric claims of disability and suffering from physical problems. This is especially true when there are a few robust findings on laboratory and physical examination. Allegations of brain damage are made on the basis of nonreplicable anecdotal and idiosyncratic interpretation of technologies, such as SPECT, PET, and neuropsychological testing that often do not meet Daubert Standards. Body fluids are often sent for expensive and obscure tests. Findings of illness and disability may not be substantiated by face-to-face examination, the patient's account of day-to-day functioning, on independent psychological testing, as well as by reviewing prior medical records and depositions. There is often evidence of pre-existing and concurrent factors, unrelated to the mold exposure in these individuals. Dr. Arora will cover key points in the medical examination. Dr. Jain will discuss the toxicology of mold mycotoxins and factors in the physical and laboratory examination. Dr. Nair will present the steps in the psychological/psychiatric examination, and review of records. Controversies in psychological/neuropsychological testing and neuroimaging findings will be discussed.

Attorneys, toxicologists, occupational environmental medicine, and mental health professionals who conduct Independent Medical and Psychiatric Examinations will benefit from this workshop.

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