U.S. Department of Labor

Benefits Review Board
200 Constitution Ave. NW
Washington, DC 20210-0001

BRB No. 23-0088 BLA

RALPH MAPLES	)	
	)	
Claimant-Respondent	)	
	)	
v.	)	
	)	
CLINCHFIELD COAL COMPANY	)	
	)	DATE ISSUED: 03/11/2024
Employer-Petitioner	)	
	)	
DIRECTOR, OFFICE OF WORKERS' COMPENSATION PROGRAMS, UNITED STATES DEPARTMENT OF LABOR	)	
	)	
Party-in-Interest	)	DECISION and ORDER

Appeal of the Decision and Order Awarding Benefits of Jodeen M. Hobbs, Administrative Law Judge, United States Department of Labor.

Kendra R. Prince (Penn, Stuart, & Eskridge), Abingdon, Virginia, for Employer.

Before: GRESH, Chief Administrative Appeals Judge, BOGGS and BUZZARD, Administrative Appeals Judges.

PER CURIAM:

Employer appeals Administrative Law Judge (ALJ) Jodeen M. Hobbs's Decision and Order Awarding Benefits (2021-BLA-05434) rendered on a claim filed on November 16, 2018, pursuant to the Black Lung Benefits Act, as amended, 30 U.S.C. §§901-944 (2018) (Act).

The ALJ found Claimant established 11.88 years of coal mine employment and thus could not invoke the presumption of total disability due to pneumoconiosis at Section 411(c)(4) of the Act.[1] 30 U.S.C. §921(c)(4) (2018). Considering entitlement under 20 C.F.R. Part 718, the ALJ found Claimant did not establish clinical pneumoconiosis but established legal pneumoconiosis in the form of a respiratory impairment arising out of coal mine employment. 20 C.F.R. §718.202(a). She further found Claimant established a totally disabling respiratory or pulmonary impairment due to pneumoconiosis and, therefore, awarded benefits. 20 C.F.R. §718.204(b)(2), (c).

On appeal, Employer argues the ALJ erred in finding Claimant established legal pneumoconiosis, total disability, and total disability causation. Neither Claimant nor the Director, Office of Workers' Compensation Programs, filed a response brief.

The Benefits Review Board's scope of review is defined by statute. We must affirm the ALJ's Decision and Order if it is rational, supported by substantial evidence, and in accordance with applicable law.[2] 33 U.S.C. §921(b)(3), as incorporated by 30 U.S.C. §932(a); *O'Keeffe v. Smith, Hinchman & Grylls Assocs., Inc.*, 380 U.S. 359 (1965).

Entitlement Under 20 C.F.R. Part 718

To be entitled to benefits under the Act, Claimant must establish disease (pneumoconiosis); disease causation (pneumoconiosis arose out of coal mine employment); disability (a totally disabling respiratory or pulmonary impairment); and disability causation (pneumoconiosis substantially contributed to the disability). 30 U.S.C. §901; 20 C.F.R. §§718.3, 718.202, 718.203, 718.204. Failure to establish any element precludes an award of benefits. *Anderson v. Valley Camp of Utah, Inc.*, 12 BLR 1-111, 1-112 (1989); *Trent v. Director, OWCP*, 11 BLR 1-26, 1-27 (1987); *Perry v. Director, OWCP*, 9 BLR 1-1, 1-2 (1986) (en banc).

Total Disability

[1] Section 411(c)(4) of the Act provides a rebuttable presumption that a miner is totally disabled due to pneumoconiosis if he has at least fifteen years of underground or substantially similar surface coal mine employment and a totally disabling respiratory or pulmonary impairment. 30 U.S.C. §921(c)(4) (2018); 20 C.F.R. §718.305.

[2] The Board will apply the law of the United States Court of Appeals for the Fourth Circuit because Claimant performed his last coal mine employment in Virginia. *See Shupe v. Director, OWCP*, 12 BLR 1-200, 1-202 (1989) (en banc); Hearing Transcript at 20-22.

A miner is totally disabled if his pulmonary or respiratory impairment, standing alone, prevents him from performing his usual coal mine work and comparable gainful work. *See* 20 C.F.R. §718.204(b)(1). A claimant may establish total disability based on qualifying[3] pulmonary function studies or arterial blood gas studies, evidence of pneumoconiosis and cor pulmonale with right-sided congestive heart failure, or medical opinions. 20 C.F.R. §718.204(b)(2)(i)–(iv). The ALJ must weigh all relevant supporting evidence against all relevant contrary evidence. *See Rafferty v. Jones & Laughlin Steel Corp.*, 9 BLR 1-231, 1-232 (1987); *Shedlock v. Bethlehem Mines Corp.*, 9 BLR 1-195, 1-198 (1986), *aff'd on recon.*, 9 BLR 1-236 (1987) (en banc). Qualifying evidence in any of the four categories establishes total disability when there is no "contrary probative evidence." 20 C.F.R. §718.204(b)(2).

The ALJ found Claimant established total disability based on the pulmonary function studies, medical opinions, and evidence as a whole.[4] 20 C.F.R. §718.204(b)(2)(i), (iv); Decision and Order at 16-26.

Pulmonary Function Studies

The ALJ considered five pulmonary function studies dated October 24, 2018, March 4, 2019, June 18, 2019, October 23, 2019, and June 18, 2021. Decision and Order at 17-21; Director's Exhibits 11 at 6; 14; 16 at 12; Claimant's Exhibit 4; Employer's Exhibit 6 at 9. She found each study is valid and qualifying. Decision and Order at 18. Thus, she found the pulmonary function testing supports a finding of total disability. 20 C.F.R. §718.204(b)(2)(i); Decision and Order at 18.

Employer argues the ALJ did not consider medical opinions establishing that all of the pulmonary function studies are invalid or otherwise explain why she found the studies are valid. Employer's Brief at 4-8. Thus, it contends her Decision and Order does not

[3] A "qualifying" pulmonary function study or arterial blood gas study yields results equal to or less than the applicable table values listed in Appendices B and C of 20 C.F.R. Part 718, respectively. A "non-qualifying" study yields results exceeding those values. *See* 20 C.F.R. §718.204(b)(2)(i), (ii).

[4] The ALJ found Claimant did not establish total disability based on the arterial blood gas studies and there is no evidence of cor pulmonale with right-sided congestive heart failure. 20 C.F.R. §718.204(b)(2)(ii), (iii); Decision and Order at 22.

satisfy the requirements of the Administrative Procedure Act (APA), 5 U.S.C. §557(c)(3)(A), as incorporated into the Act by 30 U.S.C. §932(a).[5] We disagree.

The regulations implementing the Act set forth several quality standards for the administration of pulmonary function studies. 20 C.F.R. §718.103(c); 20 C.F.R. Part 718, Appendix B. Pulmonary function studies need not precisely conform to these quality standards; as long as they are in "substantial compliance," they "constitute evidence of the fact for which [they are] proffered." 20 C.F.R. §718.101(b); 20 C.F.R. Part 718, Appendix B; *see Keener v. Peerless Eagle Coal Co.*, 23 BLR 1-229, 1-237 (2007) (en banc). Further, "[i]n the absence of evidence to the contrary, compliance with the [quality standards in] Appendix B shall be presumed." 20 C.F.R. §718.103(c). Thus, the party challenging the validity of a study has the burden to establish the results are suspect or unreliable. *Vivian v. Director, OWCP*, 7 BLR 1-360, 1-361 (1984).

The ALJ weighed the opinions of Drs. Fino and Sargent[6] when addressing the validity of the pulmonary function testing. Decision and Order at 18-21.

In an initial report, Dr. Fino stated that the June 18, 2019 pulmonary function study he conducted is invalid because it evidences a "premature termination to exhalation and a lack of reproducibility in the expiratory tracings," along with an "abrupt onset to exhalation." Director's Exhibit 16 at 6. Citing Claimant's poor effort, he stated the October 24, 2018 and March 4, 2019 studies are also invalid. *Id*. at 7-19. In a supplemental report, Dr. Fino stated the March 4, 2019 study is reproducible, but opined it is not a

[5] The Administrative Procedure Act provides that every adjudicatory decision must include "findings and conclusions, and the reasons or basis therefor, on all the material issues of fact, law, or discretion presented . . . ." 5 U.S.C. §557(c)(3)(A), as incorporated into the Act by 30 U.S.C. §932(a).

[6] The ALJ also discussed Dr. Forehand's opinion and the notations of the technicians who conducted the pulmonary function studies. The technicians who conducted the October 24, 2018, March 4, 2019, and October 23, 2019 pulmonary function studies indicated Claimant put forth good effort on each test. Director's Exhibits 11 at 6, 14 at 2; Claimant's Exhibit 4 at 2. Dr. Forehand opined the October 24, 2018, March 4, 2019, and October 23, 2019 pulmonary function studies are valid. Director's Exhibits 11, 14, 17. He reviewed Dr. Fino's opinion and stated the March 4, 2019 and June 18, 2019 studies are valid because "there is no delay in onset of peak exhalation or excess variability between individual efforts." Director's Exhibit 17 at 2. Further, he stated that because Claimant "has a restrictive component to his ventilatory capacity there will be early termination of exhalation compared to normal." *Id*.

maximal study. Employer's Exhibit 4 at 1-2. He also indicated the "lung volumes" on this study are "reduced, but the diffusing capacity [is] normal when taking into consideration the alveolar volume," which "suggests [Claimant] was not giving a maximum effort" on the study. *Id*. In addition, he stated Claimant does not have reduced diffusion capacity "because [the testing] is invalid" and further questioned the validity of the study because Claimant's arterial blood gas testing is normal. *Id*. Explaining that if Claimant "indeed ha[s] such severe lung disease as suggested by the [pulmonary function testing]," Dr. Fino stated he would expect to see an impairment on Claimant's blood gas testing. *Id*.

In his deposition, Dr. Fino testified all the studies are invalid because Claimant gave "submaximal effort" on exhalation. Employer's Exhibit 8 at 12-13. In addition, he testified that the absence of an impairment on Claimant's arterial blood gas testing reinforced his opinion that Claimant did not give adequate effort on any of the pulmonary function studies. *Id*. at 14-15.

The ALJ permissibly discredited Dr. Fino's opinion because he did not set forth how the lung volume, diffusing capacity, and alveolar volume measurements allowed him to determine that the diffusion capacity measurements on the March 4, 2019 study are invalid. *Piney Mountain Coal Co. v. Mays*, 176 F.3d 753, 756 (4th Cir. 1999); *Milburn Colliery v. Hicks*, 138 F.3d 524, 533 (4th Cir. 1998); *Sterling Smokeless Coal Co. v. Akers*, 131 F.3d 438, 441 (4th Cir. 1997); Decision and Order at 19. Further, the ALJ permissibly found Dr. Fino did not adequately explain how he reached his conclusion that Claimant gave reduced effort on the October 24, 2018 and March 4, 2019 pulmonary function studies, or explain his statement that Claimant did not properly exhale in light of the quality standards. *Id*. Finally, the ALJ noted that because arterial blood gas studies and pulmonary function studies measure different types of impairment, the results of pulmonary function studies are not called into question by contemporaneous blood gas testing. *Sheranko v. Jones & Laughlin Steel Corp.* 6 BLR 1-797, 1-798 (1984); Decision and Order at 21. Thus she permissibly found Dr. Fino's reliance on normal blood gas testing to invalidate pulmonary function testing unpersuasive. *See Mays*, 176 F.3d at 756; *Hicks*, 138 F.3d at 533; *Akers*, 131 F.3d at 441; Decision and Order at 21.

Dr. Sargent opined the June 18, 2021 study he conducted is invalid because Claimant was "unable to generate reproducible results." Employer's Exhibit 6 at 1. He testified this is based on his review of "the flow volume loops and individual trials and also the technical comments from" the technician who conducted the study. Employer's Exhibit 9 at 11. With respect to the October 23, 2019 study, he testified the "flow volume loops and the individual efforts look fairly good," but stated Claimant's "expiratory time [is] not what it should be." *Id*. at 12. In discussing the remaining studies, Dr. Sargent noted that Dr. Fino invalidated them. *Id*.

The ALJ permissibly discredited Dr. Sargent's opinion because she found no technician addressed Claimant's effort on the June 18, 2021 study, contrary to Dr. Sargent's reliance on the "technical comments from the technologist" to invalidate it. Employer's Exhibit 9 at 11; *see Mays*, 176 F.3d at 756; *Hicks*, 138 F.3d at 533; *Akers*, 131 F.3d at 441; Decision and Order at 19-20; Employer's Exhibit 6 at 9. In addition, the ALJ permissibly found Dr. Sargent did not explain his opinion that Claimant gave inadequate effort on the studies he reviewed. *Mays*, 176 F.3d at 753; *Hicks*, 138 F.3d at 533; *Akers*, 131 F.3d at 441; Decision and Order at 20-21.

Because we can discern the ALJ's basis for discrediting the opinions of Drs. Fino and Sargent, her credibility findings satisfy the APA. *See Harman Mining Co. v. Director, OWCP* [*Looney*], 678 F.3d 305, 316 (4th Cir. 2012) (The APA does not "impose a duty of long-windedness on an ALJ"; to the contrary, "if a reviewing court can discern what the ALJ did and why [she] did it, the duty of explanation under the APA is satisfied.") (citations omitted); *Mingo Logan Coal Co v. Owens*, 724 F.3d 550, 557 (4th Cir. 2013) (the duty of explanation under the APA is satisfied as long as the reviewing court can discern what the ALJ did and why she did it).

As Employer, the party challenging the validity of these studies, has the burden to establish the results are unreliable and failed to do so through the opinions of Drs. Fino and Sargent, we affirm the ALJ's finding all the pulmonary function studies are valid. *Vivian*, 7 BLR at 1-361; 20 C.F.R. §718.103(c). Because all the studies are qualifying, we also affirm the ALJ's finding the pulmonary function study evidence supports total disability at 20 C.F.R. §718.204(b)(2)(i). Decision and Order at 21.

Medical Opinions

Employer argues the ALJ erred in weighing the medical opinion evidence. Employer's Brief at 8-11. We disagree.

The ALJ first considered Dr. Forehand's opinion. Director's Exhibit 11 at 4-5. He opined Claimant has a totally disabling mixed obstructive and restrictive ventilatory impairment based on pulmonary function testing. *Id.* He identified an FEV1 value that is forty percent of predicted and an FEV1/FVC ratio of 66%. Director's Exhibit 11 at 3-4; 17. Further, he cited Claimant's shortness of breath, cough, and wheezing as a basis for his diagnosis. *Id.* He explained Claimant cannot perform his usual coal mine employment because "an FEV1 of 40% leaves [him] with insufficient 'wind' (the ability to increase ventilation in response to an increase in physical activity) to return to, [and] meet the physical demands" of his roof bolter job. Director's Exhibit 11 at 3-4. After reviewing Dr. Fino's objective testing, Dr. Forehand reiterated his opinion. Director's Exhibit 16.

The ALJ permissibly found Dr. Forehand's opinion is reasoned and documented because he considered "the exertional requirements of Claimant's [usual] coal mine employment and relied on the results of two sets of [pulmonary function studies] to support his opinion that Claimant is totally disabled." Decision and Order at 23; *see Mays*, 176 F.3d at 756; *Hicks*, 138 F.3d at 533; *Akers*, 131 F.3d at 441.

Employer contends that the ALJ erred in crediting Dr. Forehand's opinion because he did not review all of Claimant's medical records. Employer's Brief at 9-10. Contrary to Employer's assertion, an ALJ is not required to discredit a physician who did not review all of a miner's medical records when the opinion is otherwise well-reasoned, documented, and based on his own examination of the miner, objective test results, and exposure histories. *See Church v. E. Associated Coal Corp.*, 20 BLR 1-8, 1-13 (1996); *Hess v. Clinchfield Coal Co.*, 7 BLR 1-295, 1-296 (1984).

Employer also argues the ALJ erred in discrediting the opinions of Drs. Fino and Sargent. Employer's Brief at 8-11. Both doctors excluded total disability based, in part, on their assumption that there are no valid pulmonary function studies to assess Claimant's true lung function. Director's Exhibit 17; Employer's Exhibits 4, 6, 8, 9. The ALJ rationally discredited their opinions as contrary to her finding that all the pulmonary function studies are valid. *Mays*, 176 F.3d at 756; *Hicks*, 138 F.3d at 533; *Akers*, 131 F.3d at 441; Decision and Order at 25.

Finally, Employer argues the ALJ should have given the opinions of Drs. Fino and Sargent more weight because they reviewed more evidence and are "bettered reasoned and documented." Employer's Brief at 10-11. Employer's argument is a request to reweigh the evidence, which we are not empowered to do. *Anderson*, 12 BLR at 1-113. Because it is supported by substantial evidence, we affirm the ALJ's finding Claimant established total disability based on the medical opinions at 20 C.F.R. §718.204(b)(2)(iv), and in consideration of the evidence as a whole. *See* 20 C.F.R. §718.204(b); *Rafferty*, 9 BLR at 1-232; *Shedlock*, 9 BLR at 1-198; Decision and Order at 25-26.

Legal Pneumoconiosis

Employer argues the ALJ erred in finding Claimant established legal pneumoconiosis.[7] Employer's Brief at 13-19. We disagree.

[7] "Legal pneumoconiosis" includes any chronic lung disease or impairment and its sequelae arising out of coal mine employment. 20 C.F.R. §718.201(a)(2). The definition includes "any chronic pulmonary disease or respiratory or pulmonary impairment

To establish legal pneumoconiosis, Claimant must demonstrate he has a chronic lung disease or impairment "significantly related to, or substantially aggravated by, dust exposure in coal mine employment." 20 C.F.R. §718.201(a)(2), (b). The United States Court of Appeals for the Fourth Circuit, within whose jurisdiction this claim arises, has held that a claimant can establish legal pneumoconiosis by showing coal dust exposure contributed "in part" to the miner's respiratory or pulmonary impairment. *See Westmoreland Coal Co., Inc. v. Cochran*, 718 F.3d 319, 322-23 (4th Cir. 2013); *Looney*, 678 F.3d at 311; *see also Arch on the Green v. Groves*, 761 F.3d 594, 598-99 (6th Cir. 2014) (A miner can establish a lung impairment is significantly related to coal mine dust exposure "by showing that his disease was caused 'in part' by coal mine employment.").

The ALJ considered the medical opinions of Drs. Forehand, Fino, and Sargent. Decision and Order at 9-15. Dr. Forehand diagnosed legal pneumoconiosis in the form of a totally disabling mixed restrictive and obstructive lung disease arising out of coal mine employment. Director's Exhibits 11 at 4-5, 17 at 3. Dr. Fino opined Claimant does not have legal pneumoconiosis because there are no valid objective studies evidencing any respiratory impairment. Director's Exhibit 16 at 9; Employer's Exhibits 4 at 2, 8 at 17-18. Dr. Sargent also opined Claimant does not have legal pneumoconiosis because there are no valid objective studies, and he also stated there are no "interstitial changes on imaging." Employer's Exhibit 9 at 18.

The ALJ found Dr. Forehand's opinion reasoned and documented and entitled to probative weight. Decision and Order at 10. She found the opinions of Drs. Fino and Sargent "poorly documented" and entitled to "little weight" because they are contrary to her finding the pulmonary function studies are valid and establish a totally disabling respiratory or pulmonary impairment. *Id.* at 11-13. Further, she found Dr. Sargent's opinion contrary to the regulations. *Id.* at 14. Consequently, she found the weight of the medical opinion evidence establishes legal pneumoconiosis. *Id.* at 15.

Employer argues the ALJ improperly shifted the burden of proof to it to disprove legal pneumoconiosis. Employer's Brief at 14-15. Contrary to Employer's contention, the ALJ correctly stated that because Claimant had less than fifteen years of coal mine employment, he bears the burden of establishing legal pneumoconiosis. Decision and Order at 5-6, 15. She found he did so through Dr. Forehand's reasoned and documented opinion that outweighs the contrary opinions. *Id.* at 15.

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significantly related to, or substantially aggravated by, dust exposure in coal mine employment." 20 C.F.R. §718.201(b).

Employer also argues the ALJ did not explain why she credited Dr. Forehand's opinion and thus her determination does not satisfy the explanatory requirements of the APA. Employer's Brief at 14-15. We disagree.

As discussed above, Dr. Forehand diagnosed Claimant with a totally disabling mixed restrictive and obstructive lung disease based on the pulmonary function testing and Claimant's respiratory symptoms. Director's Exhibit 11 at 3-4. He opined this lung disease is due to both Claimant's cigarette smoking history and his coal mine dust exposure. *Id*.

In explaining the basis for his diagnosis, Dr. Forehand stated "Claimant's occupational exposure to freshly cut respirable silica and coal dust on a regular basis for fourteen years working at the face of underground coal mines" caused him to develop legal pneumoconiosis. Director's Exhibit 11 at 3-4. Specifically, he opined Claimant's work as a mechanical electrician, roof bolt operator, shuttle car operator, continuous miner operator, scoop operator, and jack setter at the face meant he "inhale[d] into his lungs reactive coal mine dust particles triggering an inflammatory reaction leading to stiffness of his lungs and congestion in his airways." *Id*. at 4. Dr. Forehand further explained the "effects of [C]laimant's exposure[s] to cigarette smoke and [] coal mine dust were additive because exposure to cigarette smoke and [] coal mine dust are independent causes of significant obstructive lung disease and because cigarette smoke potentiates the effects of coal mine dust by slowing down the clearance of dust particles from the lungs." *Id*. Thus he opined Claimant's coal mine dust "substantially contributed" to his mixed restrictive and obstructive lung disease. *Id*. at 5.

After reviewing Dr. Fino's June 18, 2019 pulmonary function study, Dr. Forehand reiterated his opinion. Director's Exhibit 17. He noted the pulmonary function study from Dr. Fino is valid and demonstrates an "FEV1 of 38%, an FVC of 39%, [and] an FEV1/FVC [ratio] of 72%." *Id*.

In crediting Dr. Forehand's opinion, the ALJ found the doctor "understood that Claimant worked underground in the mines and that he did not wear respiratory protection all of the time." Decision and Order at 10. She also found Dr. Forehand "acknowledged a significant smoking history of [twenty-three] years, which ended in 1988" and "appropriately relied on the [pulmonary function study] results and Claimant's reported shortness of breath on exertion, in association with a non-productive cough and wheezing" to reach his opinion. *Id*. While acknowledging the doctor overestimated Claimant's coal mine employment by 2.21 years, she found this is not a significant discrepancy, noting that both amounts fall between the ten years required to invoke the 20 C.F.R. §718.203 presumption and the fifteen years required to invoke the 20 C.F.R. §718.305 presumption. *Id*. at 10 n.5.

Based on the foregoing explanation, the ALJ permissibly found Dr. Forehand's opinion is reasoned and documented.[8] *See Mays*, 176 F.3d at 756; *Hicks*, 138 F.3d at 533; *Akers*, 131 F.3d at 441; *Rickey v. Director, OWCP*, 7 BLR 1-106, 1-108 (1984) (difference between the adjudicator's finding of seven years of coal mine employment and the doctor's assumption of eleven years did not affect the weight given to the doctor's opinion); Decision and Order at 10. Thus, her credibility finding satisfies the APA. *See Looney*, 678 F.3d at 316; *Owens*, 724 F.3d at 557.

Employer next argues the ALJ erred in discrediting the opinions of Drs. Fino and Sargent. Employer's Brief at 15-18. We disagree. The ALJ permissibly discredited their opinions because they excluded legal pneumoconiosis by assuming that all of Claimant's pulmonary function studies are invalid, contrary to her finding that all the studies are valid. *See Mays*, 176 F.3d at 756; *Hicks*, 138 F.3d at 533; *Akers*, 131 F.3d at 441; Decision and Order at 11-15.

Further, Dr. Sargent testified at his deposition that if Claimant had a restrictive impairment due to pneumoconiosis, "there should be definite interstitial changes on imaging, and those are not present." Employer's Exhibit 9 at 18. He therefore concluded he could not "implicate dust exposure as a cause of any restrictive impairment that's present." *Id.* The ALJ permissibly found Dr. Sargent's reasoning inconsistent with the regulations that recognize legal pneumoconiosis can exist in the absence of positive x-ray evidence. 20 C.F.R. §§718.202(a)(4), 718.202(b); *see Looney*, 678 F.3d at 313 (the regulations "separate clinical and legal pneumoconiosis into two different diagnoses" and "provide that '[n]o claim for benefits shall be denied solely on the basis of a negative chest [x]-ray'") (internal quotations omitted); Decision and Order at 14-15; Employer's Exhibit 9 at 18; Employer's Brief at 15-17.

Employer argues the opinions of Drs. Fino and Sargent are more reasoned and documented than Dr. Forehand's opinion. Employer's Brief at 15-17. Its argument again amounts to a request to reweigh the evidence, which we are not empowered to do. *Anderson*, 12 BLR at 1-113. We therefore affirm the ALJ's finding that Claimant established the existence of legal pneumoconiosis at 20 C.F.R. §718.202(a)(4) in the form

[8] Employer again contends that the ALJ erred in crediting Dr. Forehand's legal pneumoconiosis opinion because he did not review all of Claimant's medical records. Employer's Brief at 17-18. We reiterate that an ALJ is not required to discredit a physician who did not review all of a miner's medical records when the opinion is otherwise well-reasoned, documented, and based on his own examination of the miner, objective test results, and exposure histories. *See Church v. E. Associated Coal Corp.*, 20 BLR 1-8, 1-13 (1996); *Hess v. Clinchfield Coal Co.*, 7 BLR 1-295, 1-296 (1984).

of a totally disabling mixed obstructive and restrictive lung disease caused, in part, by Claimant's coal mine employment.

Total Disability Causation

Employer argues the ALJ erred in finding Claimant's total disability is due to legal pneumoconiosis. Employer's Brief at 19-21. We disagree. To establish disability causation, Claimant must prove pneumoconiosis is a "substantially contributing cause" of his totally disabling respiratory or pulmonary impairment. 20 C.F.R. §718.204(c)(1); *Robinson v. Pickands Mather & Co*., 914 F.2d 35, 38 (4th Cir. 1990). Pneumoconiosis is a substantially contributing cause if it has "a material adverse effect on the miner's respiratory or pulmonary condition" or "[m]aterially worsens a totally disabling respiratory or pulmonary impairment which is caused by a disease or exposure unrelated to coal mine employment." 20 C.F.R. §718.204(c)(1)(i), (ii); *Gross v. Dominion Coal Co.*, 23 BLR 1-8, 1-17 (2003).

Dr. Forehand opined Claimant is totally disabled by a mixed obstructive and restrictive lung disease. Director's Exhibits 11, 17. As discussed above, the ALJ permissibly relied on Dr. Forehand's opinion to conclude Claimant's totally disabling lung disease constitutes legal pneumoconiosis. Decision and Order at 9-10, 15. Therefore, we see no error in the ALJ's finding that Claimant established his legal pneumoconiosis is a substantially contributing cause of his total disability. *Collins v. Pond Creek Mining Co.*, 751 F.3d 180, 186-87 (4th Cir. 2014) (death causation satisfied where the court found the miner's chronic obstructive pulmonary disease (COPD) constituted legal pneumoconiosis and all medical experts agreed COPD contributed to the miner's death); *see Energy West Mining Co. v. Dir., OWCP*, 49 F.4th 1362, 1369 (10th Cir. 2022); *Island Creek Ky. Mining v. Ramage*, 737 F.3d 1050, 1062 (6th Cir. 2013) (where all the medical experts agreed COPD caused the miner's total disability, the legal pneumoconiosis inquiry "completed the causation chain from coal mine employment to legal pneumoconiosis which caused [the miner's] pulmonary impairment that led to his disability"); *Hawkinberry v. Monongalia Cnty. Coal Co.*, 25 BLR 1-249, 255-56 (2019); 20 C.F.R. §718.204(c).

In addition, the ALJ rationally discredited the disability causation opinions of Drs. Fino and Sargent because they did not diagnose legal pneumoconiosis, contrary to her finding that Claimant has the disease. *Hobet Mining, LLC v. Epling*, 783 F.3d 498, 504-05 (4th Cir. 2015); Decision and Order at 25-26. Because it is supported by substantial evidence, we affirm the ALJ's finding that Claimant established total disability due to legal pneumoconiosis through Dr. Forehand's opinion. 20 C.F.R. §718.204(c). Consequently, we affirm the ALJ's finding that Claimant established entitlement under 20 C.F.R. Part 718 and affirm the award of benefits.

Accordingly, the ALJ's Decision and Order Awarding Benefits is affirmed.

SO ORDERED.

DANIEL T. GRESH, Chief
Administrative Appeals Judge

JUDITH S. BOGGS
Administrative Appeals Judge

GREG J. BUZZARD
Administrative Appeals Judge