**U.S. Department of Labor**

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

BRB No. 18-0020 BLA

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| DELORIS J. SEAY<br>(Widow of JERRY SEAY) | ) | |
| Claimant-Petitioner | ) | |
| v. | ) | |
| ISLAND CREEK KENTUCKY MINING COMPANY | ) | |
| and | ) | |
| | ) | DATE ISSUED: 01/11/2019 |
| ISLAND CREEK COAL COMPANY | ) | |
| Employer/Carrier-Respondents | ) | |
| DIRECTOR, OFFICE OF WORKERS' COMPENSATION PROGRAMS, UNITED STATES DEPARTMENT OF LABOR | ) | |
| Party-in-Interest | ) | DECISION and ORDER |

Appeal of the Decision and Order Denying Benefits of Timothy J. McGrath, Administrative Law Judge, United States Department of Labor.

Austin P. Vowels (Vowels Law PLC), Henderson, Kentucky, for claimant.

Sean P.S. Rukavina and Joseph D. Halbert (Shelton, Branham & Halbert, PLLC), Lexington, Kentucky, for employer/carrier.

Before: HALL, Chief Administrative Appeals Judge, BOGGS and ROLFE, Administrative Appeals Judges.

PER CURIAM:

Claimant appeals the Decision and Order Denying Benefits (2015-BLA-05068) of Administrative Law Judge Timothy J. McGrath, rendered on a survivor's claim filed on July 23, 2013, pursuant to the provisions of the Black Lung Benefits Act, as amended, 30 U.S.C. §§901-944 (2012) (the Act).[1] The administrative law judge accepted the parties' stipulation that the miner had eighteen years of underground coal mine employment but found that claimant did not establish that the miner was totally disabled pursuant to 20 C.F.R. §718.204(b)(2). Thus, the administrative law judge found that claimant did not invoke the rebuttable presumption that the miner's death was due to pneumoconiosis at Section 411(c)(4) of the Act,[2] 30 U.S.C. §921(c)(4) (2012). He also found that claimant did not establish that the miner had complicated pneumoconiosis pursuant to 20 C.F.R. §718.304, and therefore she did not invoke the irrebuttable presumption of death due to pneumoconiosis under Section 411(c)(3) of the Act, 30 U.S.C. §921(c)(3). Further, the administrative law judge found that claimant did not establish that the miner had simple, clinical or legal pneumoconiosis[3] pursuant to 20 C.F.R. §718.202(a), or that the miner's

[1] Claimant is the widow of the miner, who died on September 17, 2010. Director's Exhibit 11.

[2] Section 411(c)(4) provides a rebuttable presumption that the miner's death was due to pneumoconiosis if claimant establishes that the miner had at least fifteen years of underground coal mine employment, or coal mine employment in conditions substantially similar to those in an underground mine, and a totally disabling respiratory or pulmonary impairment. 30 U.S.C. §921(c)(4) (2012); 20 C.F.R. §718.305.

[3] Clinical pneumoconiosis consists of "those diseases recognized by the medical community as pneumoconioses, *i.e.*, the conditions characterized by permanent deposition of substantial amounts of particulate matter in the lungs and the fibrotic reaction of the lung tissue to that deposition caused by dust exposure in coal mine employment." 20 C.F.R. §718.201(a)(1). 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). This definition "includes, but is not limited to, any chronic restrictive or obstructive pulmonary disease arising out of coal mine employment." *Id*.

death was due to pneumoconiosis pursuant to 20 C.F.R. §718.205(b). Accordingly, the administrative law judge denied survivor's benefits.[4]

On appeal, claimant contends that the administrative law judge erred in finding that that the miner was not totally disabled and that claimant therefore did not invoke the Section 411(c)(4) presumption. Claimant further argues that the administrative law judge erred in finding that the CT scan evidence did not establish that the miner had clinical pneumoconiosis, and that the medical opinion evidence did not establish that he had legal pneumoconiosis, or that his death was due to pneumoconiosis. Employer responds, urging affirmance of the denial of benefits. The Director, Office of Workers' Compensations Programs, has not filed a response brief. Claimant has filed a reply brief, reiterating her arguments. [5]

The Board's scope of review is defined by statute. The administrative law judge's Decision and Order must be affirmed if it is rational, supported by substantial evidence, and in accordance with applicable law.[6] 33 U.S.C. §921(b)(3), as incorporated by 30 U.S.C. §932(a); *O'Keeffe v. Smith, Hinchman & Grylls Associates, Inc.*, 380 U.S. 359 (1965).

## I. Invocation of the Section 411(c)(4) Presumption – Total Disability

A miner is considered to have been totally disabled if his pulmonary or respiratory impairment, standing alone, prevented him from performing his usual coal mine work and

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[4] Section 422(*l*) of the Act, 30 U.S.C. §932 (*l*) (2012), provides that the survivor of a miner who was eligible to receive benefits at the time of his or her death is automatically entitled to survivor's benefits, without having to establish that the miner's death was due to pneumoconiosis. As there is no indication in the record that the miner was determined to be eligible to receive benefits at the time of his death, claimant is not entitled to derivative benefits pursuant to 30 U.S.C. §932(*l*).

[5] We affirm, as unchallenged on appeal, the administrative law judge's findings that claimant did not establish complicated pneumoconiosis pursuant to 20 C.F.R. §718.304, nor simple clinical pneumoconiosis pursuant to 20 C.F.R. §718.202(a)(1)-(3). *See Skrack*, 6 BLR at 1-711.

[6] Because the miner's coal mine employment was in Kentucky, this case arises within the jurisdiction of the United States Court of Appeals for the Sixth Circuit. *See Shupe v. Director, OWCP*, 12 BLR 1-200, 1-202 (1989) (en banc); Director's Exhibit 5.

comparable gainful work. 20 C.F.R. §718.204(b)(1). In the absence of contrary probative evidence, claimant may establish that the miner was totally disabled at the time of his death based on pulmonary function tests, 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). If the administrative law judge finds that total disability has been established under one or more subsections, the evidence supportive of a finding of total disability must be weighed against the contrary probative evidence. *See Defore v. Ala. By-Products Corp.*, 12 BLR 1-27, 1-28-29 (1988).

Pursuant to 20 C.F.R. §718.204(b)(2)(ii),[7] the administrative law judge considered the results of seventeen blood gas studies contained in the miner's treatment records, performed on April 18, 1998, August 30, 2010, and September 4, 5, 6, 7, 9, 10, 11, 13, and 14, 2010.[8] Director's Exhibits 18, 20; Employer's Exhibit 4. All the studies were performed at rest. Sixteen of the studies were qualifying for total disability,[9] while one study, obtained on September 7, 2010, was non-qualifying. Decision and Order at 6. The administrative law judge found, however, that each of the qualifying studies was unreliable. *Id.* at 16-17. Contrary to claimant's contention, we see no error in that determination.

The administrative law judge observed correctly that the quality standards applicable to blood gas studies state that they "not be performed during or soon after an acute respiratory or cardiac illness."[10] 20 C.F.R. Part 718, Appendix C; *see* Decision and Order at 18.

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[7] The administrative law judge found that are no pulmonary function studies and that the record does not contain evidence that the miner had cor pulmonale with right-sided congestive heart failure. Decision and Order at 17; *see* 20 C.F.R. §718.204(b)(2)(i), (iii).

[8] The miner underwent multiple blood gas studies on the same days: Three blood gas studies were conducted on September 4, 2010; two blood gas studies were conducted on September 5, 2010; three blood gas studies were conducted on September 7, 2010; and two blood gas studies were conducted on September 14, 2010. Decision and Order at 6; Director's Exhibit 20; Employer's Exhibit 4.

[9] A "qualifying" blood gas study yields values that are equal to or less than the values specified in the tables found in Appendix C to Part 718. 20 C.F.R. Part 718, Appendix C. A "non-qualifying" study exceeds those values. *See* 20 C.F.R. §718.204(b)(2)(ii).

[10] Because all the blood gas studies in this case are contained in the miner's treatment records, the quality standards set forth at Appendix C and 20 C.F.R. §718.105

Dr. Bellows conducted the April 8, 1998 qualifying blood gas study at the emergency room of Union County Methodist Hospital. Claimant's Exhibit 3. The miner went to the emergency room that day, complaining of shortness of breath after mixing cleaning chemicals. Dr. Bellows diagnosed claimant with chemical pneumonitis. *Id*. The administrative law judge correctly found no statement in the record from Dr. Bellows or "from any physician noting these results were produced by a chronic respiratory or pulmonary condition, as opposed to [the miner's] exposure to cleaning chemicals." Decision and Order at 18. Moreover, the administrative law judge also noted correctly that Dr. Vuskovich reviewed the miner's treatment records and opined that the "abnormally low" qualifying values for the April 18, 1998 blood gas study were caused by acute chemical pneumonia. Employer's Exhibit 11; *see* Decision and Order 18. Because substantial evidence supports the administrative law judge's conclusion that an acute respiratory illness caused the qualifying April 18, 1998 study, we affirm his finding that it is "not reliable as an assessment of [the miner's] pulmonary condition." Decision and Order at 18; *see* 20 C.F.R. Part 718, Appendix C.

Additionally, the administrative law judge properly assigned little weight to the fifteen qualifying blood gas studies obtained during the miner's final hospitalization from August 30, 2010 to September 14, 2010.[11] The regulation at 20 C.F.R. §718.105(d) provides that:

> If one or more blood-gas studies producing results which meet the appropriate table in Appendix C is administered during a hospitalization which ends in the miner's death, then any such study must be accompanied by a physician's report establishing that the test results were produced by a chronic respiratory or pulmonary condition. *Failure to produce such a report will prevent reliance on the blood-gas study as evidence that the miner was totally disabled at death*.

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and do not strictly apply. *See* 20 C.F.R. §718.101(b); *see J.V.S.* [*Stowers*] *v. Arch of W. Va.*, 24 BLR 1-78, 1-89, 1-92 (2008). Despite the inapplicability of the specific quality standards, however, an administrative law judge must still determine if the arterial blood gas study results are sufficiently reliable to support a finding of total disability. 65 Fed. Reg. 79,920, 79,928 (Dec. 20, 2000).

[11] The record indicates that the miner was admitted to Methodist Hospital on August 30, 2010 with pneumonia, and subsequently developed "meningoencephalitis" and was intubated and went into a coma. Employer's Exhibit 4. The miner died in the hospital on September 17, 2010. *Id*.

20 C.F.R. §718.105(d) (emphasis added). Because the administrative law judge correctly found no report in the record satisfies the requirements of 20 C.F.R. §718.105,[12] we affirm his finding that claimant did not establish total disability pursuant to 20 C.F.R. §718.204(b)(2)(ii). Decision and Order at 18.

With regard to the medical opinion evidence at 20 C.F.R. §718.204(b)(2)(iv), the administrative law judge noted that Dr. Chavda is the only physician to conclude that the miner was totally disabled.[13] The administrative law judge correctly noted that Dr. Chavda based his opinion on the April 18, 1998 qualifying blood gas study and on his diagnosis of "severe end state" COPD, which he made by applying "Winter's formula" to the results of the September 14, 2010 study.[14] Claimant's Exhibit 4 at 5. Because we have affirmed the

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[12] Dr. Vuskovich opined that blood gas studies obtained during the miner's final hospitalization were obtained when the miner was "critically ill" and were "administered primarily to regulate his supplemental oxygen dose to keep his arterial blood oxygen saturation within acceptable range." Employer's Exhibit 10. In a March 18, 2015 report, Dr. Chavda also stated that because the miner "was acutely ill in 2010," Dr. Chavda was "not relying on ABG done in 2010. Th[ese] ABG's were not done at his baseline respiratory status." Claimant's Exhibit 1 at 2.

[13] Dr. Chavda reviewed the miner's medical records and completed a report on March 18, 2015. The report was formatted as a questionnaire, with the questions presumably prepared by claimant's counsel. Claimant's Exhibit 1. Dr. Chavda diagnosed chronic obstructive pulmonary disease (COPD) and noted that an August 20, 2010 CT scan showed complicated pneumoconiosis and severe emphysema. *Id*. Dr. Chavda checked "yes" on the report to indicate that miner had a severe and totally disabling respiratory impairment, referencing the April 8, 1998 qualifying blood gas study and the CT scan. *Id*. In a subsequent report dated April 7, 2016, which was also in a questionnaire format, Dr. Chavda again checked "yes" to indicate that the miner was totally disabled. Claimant's Exhibit 4. He stated, however, that the miner had a history of pneumonia in 2010, and that the large opacities on the August 20, 2010 CT scan were "likely caused by pneumonia and less likely caused by pneumoconiosis." *Id*.

[14] In his April 7, 2016 report, despite his 2015 statement that he was "not relying on ABG done in 2010," Claimant's Exhibit 1 at 2, Dr. Chavda discussed the September 14, 2010 qualifying blood gas study. Claimant's Exhibit 4. He noted that the miner's pCO2 was over 40 and was diagnostic of chronic hypercarbic respiratory failure due to severe end stage COPD. *Id*. He further noted that while the miner was on a ventilator at the time of the study, it was still possible to calculate what the miner's pCO2 level would have been

administrative law judge's determination that April 18, 1998 and September 14, 2010 studies are not reliable, we affirm his finding that Dr. Chavda's opinion is not sufficiently reasoned on the issue of total disability. *See Jericol Mining, Inc. v. Napier*, 301 F.3d 703, 713-714 (6th Cir. 2002); *Tenn. Consol. Coal Co. v. Crisp*, 866 F.2d 179, 185 (6th Cir. 1989); *Director, OWCP v. Rowe*, 710 F.2d 251, 255 (6th Cir. 1983); Decision and Order at 18. Furthermore, the administrative law judge permissibly gave little weight to Dr. Chavda's diagnosis of severe end-stage COPD, because he rationally found Dr. Chavda's opinion "wholly speculative" and that it does not explain why "Winter's formula is a reliable method to calculate a person's [blood gas] results, in the absence of reliable blood gas study studies." Decision and Order at 18; *see Napier*, 301 F.3d at 713-714; *Crisp*, 866 F.2d at 185; *Rowe*, 710 F.2d at 255. We therefore affirm the administrative law judge's finding that claimant did not establish total disability at 20 C.F.R. §718.204(b)(2)(iv).[15] Based on our affirmance of the administrative law judge's finding that the miner did not have a totally disabling respiratory or pulmonary impairment, we affirm his determination that claimant did not invoke the Section 411(c)(4) presumption.

## II. Survivor's Claim Under 20 C.F.R. Part 718.

In a survivor's claim where the Section 411(c)(3) and 411(c)(4) presumptions are not invoked, claimant must establish that the miner had pneumoconiosis arising out of coal mine employment, and that the miner's death was due to pneumoconiosis. *See* 20 C.F.R. §§718.202(a), 718.203, 718.205(a); *Trumbo v. Reading Anthracite Co.*, 17 BLR 1-85, 1-

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on room air. *Id*. Applying "Winter's formula," Dr. Chavda opined that the miner's pCO2 value on room air also showed chronic CO2 retention, consistent with persons who suffer from end-stage COPD. *Id.* The administrative law judge rationally found that Dr. Chavda's opinion was not credible since it was based, in part, on an unreliable blood gas study, and was also "speculative" since "[t]here is nothing in [the] miner's medical records to reflect that, other than his terminal hospitalization, [the] miner suffered from a 'chronic' retention of pCO2 over 40." Decision and Order at 18; *see Director, OWCP v. Rowe*, 710 F.2d 251, 255 (6th Cir. 1983); *Justice v. Island Creek Coal Co.*, 11 BLR 1-91, 1-94 (1988).

[15] Claimant argues that the administrative law judge failed to consider her testimony regarding the miner's physical condition. Lay evidence may only be used to establish total disability "if no other medical or other relevant evidence exists which addresses the miner's pulmonary or respiratory condition," and cannot be based upon the testimony of anyone who would be eligible for augmented benefits, such as claimant. 20 C.F.R. §718.305(b)(4). We therefore reject claimant's argument that the case should be remanded for the administrative law judge to consider her testimony.

87-88 (1993). Death is considered due to pneumoconiosis if the evidence establishes that pneumoconiosis caused or was a substantially contributing cause or factor leading to the miner's death. 20 C.F.R. §718.205(b)(1), (2). Pneumoconiosis is a substantially contributing cause of a miner's death if it hastens the miner's death. 20 C.F.R. §718.205(b)(6). Failure to establish any one of the requisite elements of entitlement precludes an award of benefits. *See Trumbo*, 17 BLR at 1-87-88.

**A. Existence of Pneumoconiosis**

The administrative law judge found that claimant did not establish the existence of clinical pneumoconiosis. Decision and Order at 20. Claimant's only assertion with regard to clinical pneumoconiosis is that the CT scan evidence shows that the miner had the disease. We disagree.

Relevant to 20 C.F.R. §718.202(a)(4), the administrative law judge noted that the miner's treatment records included CT scan readings but "none include findings of pneumoconiosis." Decision and Order at 19; *see* Director's Exhibit 17; Claimant's Exhibit 3. He also noted that Dr. Kendall read an August 20, 2010 CT scan as negative, while Dr. Crum read it positive for coal workers' pneumoconiosis. Decision and Order at 19; Claimant's Exhibit 3, 5; Employer's Exhibit 7. Contrary to claimant's assertion, the administrative law judge permissibly concluded that readings of the August 20, 2010 CT scan were in equipoise, because Drs. Kendall and Crum are each dually qualified as Board-certified radiologist and B readers.[16] *See Director, OWCP v. Greenwich Collieries* [*Ondecko*], 512 U.S. 267, 280-81; *Staton v. Norfolk & W. Ry. Co.*, 65 F.3d 55, 59 (6th Cir. 1995); *Woodward v. Director, OWCP*, 991 F.2d 314, 321 (6th Cir. 1993); Decision and Order at 20. Thus, we affirm the administrative law judge's finding that claimant did not establish that the miner had clinical pneumoconiosis based on the CT scan evidence at 20 C.F.R. §718.202(a)(4), as supported by substantial evidence.[17] Decision and Order at 20.

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[16] There is no merit to claimant's contention that Dr. Kendall is not dually-qualified as a Board-certified radiologist and B reader. Employer's Exhibit 3 at 6.

[17] The administrative law judge observed correctly that there was no autopsy or biopsy evidence of clinical pneumoconiosis pursuant to 20 C.F.R. §718.202(a)(2). Decision and Order at 20. Relevant 20 C.F.R §718.202(a)(4), the administrative law judge properly found that claimant did not establish the existence of clinical pneumoconiosis, based on the medical opinion evidence. *Id.* Dr. Chavda indicated that a definitive diagnosis of clinical pneumoconiosis could not be made by x-ray or CT scan due to the complexity

The administrative law judge next found that claimant did not establish that the miner had legal pneumoconiosis, rejecting Dr. Chavda's opinion that the miner had chronic obstructive pulmonary disease (COPD) caused by coal dust exposure because he found that the doctor's opinion was not sufficiently reasoned. Decision and Order at 20. Claimant contends that the administrative law judge erred. We need address this issue, however, because the administrative law judge found that "even if [he] were to credit [Dr.] Chavda's conclusion that [the miner] had legal pneumoconiosis . . . the evidence does not establish that [his] death was due to pneumoconiosis." Decision and Order at 21. As set forth below, substantial evidence supports the administrative law judge's finding.

**B. Death Due to Legal Pneumoconiosis**

The United States Court of Appeals for the Sixth Circuit, within whose jurisdiction this case arises, has explained that pneumoconiosis may be found to have hastened the miner's death only if it does so "through a specifically defined process that reduces the miner's life by an estimable time." *Eastover Mining Co. v. Williams*, 338 F.3d 501, 518 (6th Cir. 2003). A physician who opines that pneumoconiosis hastened death through a "specifically defined process" must explain how and why it did so. *Conley v. Nat'l Mines Corp.*, 595 F.3d 297, 303-04 (6th Cir. 2010).

In his April 7, 2016 report, Dr. Chavda checked a box indicating that COPD was a significant and substantial factor in the miner's death.[18] Decision and Order at 21; *see* Claimant's Exhibit 1. When asked to explain how legal pneumoconiosis hastened the miner's death, Dr. Chavda stated, "Coal dust exposure caused chronic inflammation in the lung. The inflammation substantially aggravated his COPD and emphysema." Claimant's Exhibit 4. When asked the "estimable time" that pneumoconiosis reduced the miner's life, Dr. Chavda stated that "life expectancy in [the United States] is 78.7 years. He died at the

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of the miner's illness. Claimant's Exhibit 4. None of the other physicians in the record diagnosed the disease.

[18] In his March 18, 2015 report, Dr. Chavda checked a box indicating that the miner had legal pneumoconiosis but not clinical pneumoconiosis. Claimant's Exhibit 1. He also indicated that the miner's death was hastened by COPD. When asked to explain his opinion, Dr. Chavda referenced an article titled "Mechanism of Coal Dust injury." *Id.* The administrative law judge noted that the article was not attached to the report and no "citation [was] provided to allow one to attempt to find the article." Decision and Order at 7.

age of 62. Pneumoconiosis decreased his life expectancy by 17 years." *Id*. When asked if he could "rule out" legal pneumoconiosis as a substantially contributing cause of death, Dr. Chavda checked a box indicating "No." *Id*. Dr. Chavda stated that the miner's death was caused by "respiratory failure which was caused by end[-]stage COPD and emphysema . . . contributed to and aggravated by [eighteen years] of coal dust exposure." *Id*.

As discussed above, because the administrative law judge permissibly rejected Dr. Chavda's reliance on "Winter's formula" to diagnose the miner with end-stage COPD, we see no error in the administrative law judge's rejection of Dr. Chavda's opinion that the miner's death was caused by end-stage COPD. *See Rowe*, 710 F.2d at 255. Claimant's Exhibit 4; Decision and Order at 18, 21. The administrative law judge also rationally rejected Dr. Chavda's opinion because the answers he provided in his report were "wholly conclusory" and do "not actually describe a specific process whereby [the miner's] COPD hastened his death."[19] Decision and Order at 21; *see Conley*, 595 F.3d at 303-04; *Williams*, 338 F.3d at 518.

The administrative law judge is required to assess the credibility of the medical opinions based on the explanations given by the experts for their diagnoses, and to assign those opinions appropriate weight. *Big Branch Res., Inc. v. Ogle*, 737 F.3d 1063, 1072-73 (6th Cir. 2013); *Napier*, 301 F.3d at 713-714; *Stephens*, 298 F.3d at 522. The Board cannot reweigh the evidence or substitute its inferences for those of the administrative law judge. *Anderson v. Valley Camp of Utah, Inc.*, 12 BLR 1-111, 1-113 (1989); *Fagg v. Amax Coal Co.*, 12 BLR 1-77 (1988). Because the administrative law judge rationally determined that Dr. Chavda's opinion was not adequately reasoned to support claimant's burden of proof, we affirm the administrative law judge's finding that claimant did not establish that the miner's death was due to pneumoconiosis pursuant to 20 C.F.R. §718.205(b).[20] *See Rowe*,

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[19] The administrative law judge found that the evidence did not support Dr. Chavda's description of end-stage COPD, noting that "none of [the miner's] physicians assessed [the miner] with "severe" or "end sta[g]e COPD" and that "there are no pulmonary function studies" in the record to establish that the miner had a respiratory or pulmonary impairment attributable to COPD or emphysema. Decision and Order at 18.

[20] Claimant correctly contends that the administrative law judge did not discuss the miner's death certificate pursuant to 20 C.F.R. §718.205(b). The death certificate completed by Dr. Henry listed the cause of the miner's death as meningoencephalitis with other significant underlying conditions listed as COPD, pneumonia, adenopathy, post-traumatic stress disorder, GERD, and pulmonary emboli. Director's Exhibit 11. We consider the administrative law judge's error harmless, however, as Dr. Henry did not state

710 F.2d at 255. Because claimant did not establish the requisite element of death causation in her survivor's claim, benefits are precluded. *See Trumbo*, 17 BLR at 1-87-88.

Accordingly, the administrative law judge's Decision and Order Denying Benefits is affirmed.

SO ORDERED.

BETTY JEAN HALL, Chief
Administrative Appeals Judge

JUDITH S. BOGGS
Administrative Appeals Judge

JONATHAN ROLFE
Administrative Appeals Judge

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the basis for his findings on the death certificate, and Dr. Chavda did not address the death certificate in rendering his opinion. *See Bill Branch Coal Corp. v. Sparks*, 213 F.3d 186, 192 (4th Cir. 2000) (reference on a death certificate to pneumoconiosis as a condition contributing to death, without further explanation, does not constitute a reasoned opinion). We therefore reject claimant's assertion that the case must be remanded to the administrative law judge for consideration of the death certificate.