BRB No. 05-0477 BLA

DON C. JOHNSON	)	
	)	
Claimant-Respondent	)	
	)	
v.	)	
	)	
ENERGY WEST MINING COMPANY	)	
	)	DATE ISSUED: 06/22/2006
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 Russell D. Pulver, Administrative Law Judge, United States Department of Labor.

Jonathan Wilderman (Wilderman & Linnet, P.C.), Denver, Colorado, for claimant.

William S. Mattingly (Jackson Kelly PLLC), Morgantown, West Virginia, for employer.

Before: SMITH, McGRANERY, and HALL, Administrative Appeals Judges.

PER CURIAM:

Employer appeals the Decision and Order -- Awarding Benefits (04-BLA-6058) of Administrative Law Judge Russell D. Pulver on a subsequent claim[1] filed pursuant to the provisions of Title IV of the Federal Coal Mine Health and Safety Act of 1969, as

[1] Claimant, Don C. Johnson, filed his first application for benefits on March 30, 1987. The district director denied this claim on July 6, 1987 and, since claimant took no further action on this claim, it was administratively closed. Director's Exhibit 1. Claimant filed a second application on July 30, 2002, which is the subject of the case *sub judice*. Director's Exhibit 1.

amended, 30 U.S.C. §901 *et seq*. (the Act). Initially, the administrative law judge credited claimant with forty-four years of qualifying coal mine employment. Next, the administrative law judge adjudicated this claim pursuant to 20 C.F.R. Part 718 and found that, because employer had stipulated that claimant has a totally disabling respiratory impairment, which is an element that was adjudicated against claimant in the prior denial, claimant had affirmatively established a material change in conditions pursuant to 20 C.F.R. §725.309.[2] Consequently, the administrative law judge addressed the merits of entitlement and found that claimant established the existence of pneumoconiosis arising out of coal mine employment pursuant to 20 C.F.R. §§718.202(a), 718.203, and total disability due to pneumoconiosis pursuant to 20 C.F.R. §718.204(c). Accordingly, benefits were awarded commencing as of July 1, 2002. Subsequently, claimant's counsel filed a petition for attorney's fees and expenses. The administrative law judge awarded claimant's counsel a fee in the amount of $13,000.96, representing 63.40 hours of legal services at a rate of $200.00 per hour totaling $12,680.00 and $320.96 for expenses.[3]

On appeal, employer argues that the administrative law judge erred in several respects: in failing to resolve the conflicting evidence regarding claimant's cigarette smoking history; in improperly weighing the conflicting medical opinion evidence of record; and in failing to consider all relevant medical evidence of record, particularly those medical records obtained during claimant's hospitalizations, rather than the reports proffered in the context of this litigation. Employer specifically argues: that the administrative law judge inappropriately discounted the opinion of Dr. Nichols, claimant's treating physician on the basis that it was equivocal; that the administrative law judge unreasonably relied on invalid grounds to discredit the opinions of Drs. Elmer,

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[2] We note that because claimant filed his application for benefits on July 30, 2002, which is after January 19, 2001, the effective date for application of the recently amended regulations regarding "subsequent claims," the regulations set forth in the revised provisions of Section 725.309 are applicable to the instant case and the instant claim is properly construed as a "subsequent claim" rather than a "duplicate claim." 20 C.F.R. §§725.309, 725.309 (2002); *see Wyoming Fuel Co. v. Director, OWCP* [*Brandolino*], 90 F.3d 1502, 20 BLR 2-302 (10th Cir. 1996); Decision and Order at 4.

[3] Employer filed a Notice of Appeal of Supplemental Award of Representative's Fees on July 26, 2005 but did not file a supplemental Petition for Review and Brief. By Order dated February 17, 2006, the Board directed employer to show cause why its appeal should not dismissed for failure to file its supplemental Petition for Review and brief in the instant case. Subsequently, employer filed a Response to Show Cause Order withdrawing its supplemental appeal on February 22, 2006. Hence, by Order dated March 30, 2006, the Board granted employer's motion and dismissed the supplemental appeal in this case.

Farney, and Rosenberg; and that he impermissibly accorded great weight to the opinion of Dr. Poitras. Claimant has filed a response brief, urging affirmance of the award of benefits. The Director, Office of Workers' Compensation Programs (the Director), as party-in-interest, has filed a letter indicating his intention not to participate in this appeal.[4]

The Board's scope of review is defined by statute. If the administrative law judge's findings of fact and conclusions of law are supported by substantial evidence, are rational, and are consistent with the applicable law, they are binding upon this Board and may not be disturbed. 33 U.S.C. §921(b)(3), as incorporated into the Act by 30 U.S.C. §932(a); *O'Keeffe v. Smith, Hinchman and Grylls Associates, Inc.*, 380 U.S. 359 (1965).

Employer initially argues that the administrative law judge selectively and inadequately analyzed the conflicting of claimant's cigarette smoking histories contained in the numerous medical reports and that the administrative law judge's determination that claimant smoked one-half to one package of cigarettes per day is unsupported by the evidence of record. Citing the various smoking histories taken by physicians who examined claimant while he was hospitalized, namely Drs. Rasmussen, Horsley, Millar, Lappe, and Dean, employer avers that these physicians' reports, in conjunction with that of Dr. Elmer, demonstrate that claimant smoked at least one package of cigarettes per day, if not more, for at least fifty years. Hence, employer asserts that the administrative law judge erred in failing to explain why claimant's testimony minimizing his actual cigarette smoking history was more persuasive in light of the numerous histories contained in the hospitalization records that are more reliable because they were not generated as a consequence of this litigation.

Addressing the evidence concerning claimant's cigarette smoking history, including claimant's formal hearing testimony and the medical reports of the physicians whose opinions were admitted into the evidence of record, the administrative law judge found that a physician's knowledge of a claimant's smoking history is of particular importance because the pulmonary manifestations of smoking are often similar to that of coal workers' pneumoconiosis. Consequently, the administrative law judge noted claimant's testimony that he smoked twenty packs of cigarettes per month for a period of forty-seven years starting at age nineteen and quitting in 1991, which amounted to less than one pack per day; that Dr. Elmer noted a smoking history of one and one-half packs of cigarettes per day for fifty years during his 1987 pulmonary evaluation of claimant;

[4] We affirm the administrative law judge's findings with respect to length of coal mine employment, total respiratory disability, and pursuant to 20 C.F.R. §725.309 inasmuch as these determinations are unchallenged on appeal. *See Coen v. Director, OWCP*, 7 BLR 1-30, 1-33 (1984); *Skrack v. Director, OWCP*, 6 BLR 1-710 (1983); Decision and Order at 4, 11.

that Dr. Poitras recorded a history of one pack per every two days for approximately 44 years during his 2002 pulmonary examination, which amounts to twenty-three to twenty-seven-pack-year history; that Dr. Farney indicated a history of one-half to one pack per day for 48 years during his 2003 physical evaluation; and that Dr. Rosenberg relied on a greater than fifty pack year history in his 2004 review of the medical records. Decision and Order at 15; Hearing Transcript at 44-51; Director's Exhibits 1, 15, 30; Employer's Exhibits 2, 5. The administrative law judge permissibly determined that claimant's testimony, that he commenced smoking upon entering the military at age nineteen, was more persuasive and, therefore, more probative than Dr. Elmer's opinion because, as claimant testified, the import of Dr. Elmer's account of claimant's smoking history would suggest that claimant was not only eleven years old and in the fifth grade when he started smoking, but also, that he was capable of purchasing two cartons of cigarettes per month during the Depression era. *See Harris v. Director, OWCP*, 3 F.3d 103, 106, 18 BLR 2-1, 2-5 (4th Cir. 1993); *Miller v. Director, OWCP*, 7 BLR 1-693, 1-694 (1985) (administrative law judge is charged with determining credibility of all witnesses and their respective testimony); Decision and Order at 16; Hearing Transcript at 45-46. Accordingly, the administrative law judge provided a thorough explanation of how the relevant evidence supported his finding that claimant had "a substantial, prolonged history of smoking of one-half to one pack per day" for forty-eight years ending in 1991, and, within a reasonable exercise of his discretion, found that claimant's formal hearing testimony, as supported and consistent with the histories reported by Drs. Poitras and Farney, provided a more probative, credible account of his smoking history than that supplied by Dr. Elmer. *See Harris*, 3 F.3d at 106, 18 BLR at 2-5; *Miller*, 7 BLR at 1-694. Because the administrative law judge carefully and adequately assessed the various smoking histories contained in the record, and rendered credibility determinations that are supported by substantial evidence concerning claimant's smoking history, we reject employer's assertions. Furthermore, reports prepared in the course of litigation constitute probative evidence and are not presumptively biased. *Cochran v. Consolidation Coal Co.*, 16 BLR 1-101, 1-104 (1992); *Melnick v. Consolidation Coal Co.*, 16 BLR 1-31, 1-35-36 (1991) (*en banc*). Accordingly, we reject employer's argument that the hospital records were any more reliable than the other physicians' reports of record that were prepared in the course of this litigation.

In challenging the administrative law judge's weighing of the conflicting medical opinions of record, employer argues that the administrative law judge failed to consider all the relevant physicians' opinions contained in the record. Employer avers that the when discussing the probative value of the medical opinions, the administrative law judge improperly omitted the CT scan reports, treatment records from claimant's hospitalization at LDS Hospital, and the office notes of Dr. Dean.

When summarizing the evidence, the administrative law judge listed the findings from the two reports of a CT scan dated January 15, 2003, the voluminous medical

records concerning claimant's hospitalization and treatment at LDS Hospital in 1991, and the miscellaneous records and treatment notes of Dr. Dean dated May 15, 1995. Decision and Order at 6, 11; Director's Exhibits 12, 13, 30. Contrary to employer's argument, however, a review of the Decision and Order reveals that the administrative law judge considered and discussed these items of evidence. With respect to the existence of pneumoconiosis, the administrative law judge properly found that the CT scan interpretation rendered by Dr. Hayes, a Board-certified radiologist and B-reader, finding an absence of coal workers' pneumoconiosis supported the negative x-ray interpretations that were rendered by a majority of the dually-qualified radiologists.[5] Decision and Order at 14; Director's Exhibit 30. In addition, the administrative law judge summarized all the medical evidence of record and correctly found that the voluminous medical records associated with claimant's hospitalization at LDS Hospital documented treatment claimant received for coronary artery disease with inferior wall myocardial infarction in 1991 and Dr. Dean's May 15, 1995 consulting report reflected his evaluation and assessment of claimant's marked hemoptysis. Decision and Order at 11; Director's Exhibits 12, 13. While the administrative law judge did not specifically discuss the aforementioned evidence under the conclusions of law section of the decision, none of these reports contain a physician's opinion addressing the issue of whether claimant suffered from coal workers' pneumoconiosis or a chronic lung disease arising out of coal mine employment, or whether pneumoconiosis was a substantially contributing cause of claimant's totally disabling respiratory or pulmonary impairment; as such, this evidence was not pertinent to the requisite elements of entitlement yet to be resolved in the instant case. *See Lafferty v. Cannelton Industries, Inc.*, 12 BLR 1-190 (1989) (administrative law judge need not accept opinion of any particular expert but must weigh all evidence and draw his/her own conclusions); *Perry v. Director, OWCP*, 9 BLR 1-1 (1986) (*en banc*) (administrative law judge must consider and weigh all relevant medical evidence to ascertain whether or not claimant has established presence of pneumoconiosis by preponderance of evidence). Because the administrative law judge's Decision and Order contains a specific discussion addressing the CT scan reports, LDS hospital records, and Dr. Dean's report, we reject employer's contention that the administrative law judge failed to consider all the relevant evidence of record. *See Kennellis Energies v. Director, OWCP* [*Ray*], 333 F.3d 822, 826, 22 BLR 2-591, 2-598 (7th Cir. 2003); *Meyer v. Zeigler Coal Co.*, 894 F.2d 902, 908, 13 BLR 2-285, 2-292 (7th Cir. 1990), *cert. denied*, 498 U.S. 827 (1990).

We turn next to employer's challenges of the administrative law judge's weighing of the medical opinion evidence of record. Employer argues that the administrative law

[5] The CT scan report rendered by Dr. Bonk in association with claimant's hospitalization at LDS Hospital does not contain an opinion as to the presence or absence of pneumoconiosis. *See* 20 C.F.R. §718.201; Director's Exhibit 30.

judge erred in concluding that the opinion of Dr. Nichols, claimant's treating physician, was equivocal because such a finding was "…rendered in a vacuum failing to appreciate the entirety of Dr. Nichols' treatment records." Employer's Brief in Support of Petition for Review at 21. Employer contends that, because Dr. Nichols explained that it was unnecessary for him to diagnose an etiology of claimant's obstructive pulmonary disease while he treated claimant, the administrative law judge therefore erred in discounting Dr. Nichols's opinion on the basis that Dr. Nichols could not rule out claimant's extensive coal dust exposure as a potential cause of claimant's chronic obstructive pulmonary disease. In addition, employer avers that the administrative law judge improperly failed to consider Dr. Nichols's conclusion that claimant's chronic obstructive pulmonary disease was not caused by coal dust exposure because of an absence of evidence of airway obstruction.

Initially, the administrative law judge found that Dr. Nichols was "in a unique position to render an opinion in this matter" since Dr. Nichols continued to treat claimant on a routine and regular basis since 1996 when claimant was hospitalized for pneumonia and the doctor had treated claimant for a variety of ailments, including chronic obstructive pulmonary disease, coronary artery disease, hypertension, osteoarthritis, and a lipid disorder. Notwithstanding Dr. Nichols's treating physician status, the administrative law judge, within a permissible exercise of his discretion, found that his overall opinion was equivocal because, in his earlier reports, Dr. Nichols indicated no knowledge of claimant's cigarette smoking history and had no opinion on the cause of claimant's disabling chronic obstructive pulmonary disease. *See Piney Mountain Coal Co. v. Mays*, 176 F.3d 753, 764, 21 BLR 2-587, 2-606 (4th Cir. 1999) (both meaning of an ambiguous word or phrase and weight to give to testimony of uncertain witness are questions for trier-of-fact); *Justice v. Island Creek Coal Co.*, 11 BLR 1-91, 1-94 (1988); *Campbell v. Director, OWCP*, 11 BLR 1-16, 1-19 (1987); *Bobick v. Saginaw Mining Co.*, 13 BLR 1-52, 1-54 (1988); *Stark v. Director, OWCP*, 9 BLR 1-36, 1-37 (1986) (administrative law judge may legitimately assign less weight to physician's opinion which reflects an incomplete picture of miner's health); Decision and Order at 17; Employer's Exhibit 1 at 24. The administrative law judge found that, after Dr. Nichols was provided with claimant's cigarette smoking history of one-half to one pack per day for 48 years (equivalent to a 24 to 48 pack year history) and an employment history of forty-three years in the coal mines, he opined that claimant's chronic obstructive pulmonary disease was due to a combination of coal dust exposure and cigarette smoking. Decision and Order at 17; Employer's Exhibit 1 at 30. The administrative law judge determined further that, after Dr. Nichols was given a greater smoking history of one and one-half packs per day for 50 years (equivalent to a 50 to 75 pack year history) and a 1987 pulmonary function study, he changed his opinion again and opined that it was "far less likely … that coal dust exposure contributed significantly" to claimant's impairment. Decision and Order at 17; Employer's Exhibit 1 at 33. Finally, the administrative law judge correctly found that, at the conclusion of the deposition, Dr.

Nichols clearly testified that he was unable to conclude that claimant's extensive coal dust exposure history played no role in his obstructive lung disease. Decision and Order at 17; Employer's Exhibit 1 at 47. Consequently, the administrative law judge assigned less weight to Dr. Nichols's opinion because it was equivocal and based on an inflated smoking history. The administrative law judge's determination was rational and supported by substantial evidence. *See Eastover Mining Co. v. Williams*, 338 F.3d 501, 513, 22 BLR 2-625, 2-647 (6th Cir. 2003) (treating physicians' opinions obtain deference they deserve based on their power to persuade); *Griffith v. Director, OWCP*, 49 F.3d 184, 19 BLR 2-111 (6th Cir. 1995); *Freeman United Coal Mining Co. v. Director, OWCP* [*Forsythe*], 20 F.3d 289, 18 BLR 2-189 (7th Cir. 1994). Accordingly, because the administrative law judge thoroughly examined Dr. Nichols's opinion and, within a reasonable exercise of his discretion, concluded that its reliability was undermined due to its equivocal nature, initial lack of a causality opinion, and reliance on an inaccurate cigarette smoking history, we affirm the administrative law judge's finding that Dr. Nichols's opinion was entitled to less weight. *See Gorzalka v. Big Horn Coal Co.*, 16 BLR 1-48, 1-52 (1990); *Gouge v. Director, OWCP*, 8 BLR 1-307, 1-308 (1985).

Arguing that the administrative law judge improperly found the opinions of Drs. Farney and Rosenberg less persuasive, employer contends that the administrative law judge erred in finding that Dr. Farney's opinion lacked an explanation because Dr. Farney discussed his conclusion that coal dust exposure was not a cause of claimant's lung disease and erred in finding that Dr. Rosenberg relied on the absence of complicated pneumoconiosis and micronodularity as a basis to rule out coal mine dust exposure as a cause of impairment.

While he found that Drs. Farney and Rosenberg rendered "highly qualified opinions" since both physicians were Board-certified in internal medicine and pulmonary disease medicine, the administrative law judge found that these opinions were not well reasoned and, accordingly, assigned them less weight. The administrative law judge found that the opinion of Dr. Farney was less persuasive because it was based, in part, on chest x-ray films that were not of record. The doctor opined that claimant did not have coal workers' pneumoconiosis because the chest x-ray illustrated non-specific fibrotic disease in the lung bases, which is commonly associated with cigarette smoking and/or asbestosis, rather than nodular fibrotic disease, which is consistent with coal workers' pneumoconiosis. Contrary to employer's argument, therefore, the administrative law judge did not reject Dr. Farney's opinion because it lacked any explanation but instead, because it lacked a sufficient and adequate explanation for his conclusion ruling out coal dust exposure altogether as a cause of claimant's chronic bronchitis. The administrative law judge, within a rational exercise of his discretion, found that Dr. Farney's opinion was not well-reasoned because, even though Dr. Farney admitted that claimant exhibited symptoms of chronic bronchitis as early as 1983, while still employed in the mines, the doctor failed to adequately and sufficiently explain "why the chronic bronchitis

experienced by Claimant before leaving the mines could not have made up some component of the progressive chronic bronchitis experienced by Claimant after he left the mines," particularly considering that pneumoconiosis is recognized as a latent and progressive disease whose symptoms may become apparent only after a miner has left the coal mines. This was rational. *See Mullins Coal Co. of Va. v. Director, OWCP*, 484 U.S. 135, 11 BLR 2-1 (1987), *reh'g denied*, 484 U.S. 1047 (1988); *Usery v. Turner-Elkhorn Mining Co.*, 428 U.S. 1, 3 BLR 2-36 (1976); *Peabody Coal Co. v. Odom*, 342 F.3d 486, 22 BLR 2-612 (6th Cir. 2003); *Consolidation Coal Co. v. Kramer*, 305 F.3d 203, 209, 22 BLR 2-467, 2-478 (3d Cir. 2002); Decision and Order at 17-18; Director's Exhibit 30. Because it is well established that a physician's failure to provide adequate explanation for evidence in his report which appears to conflict with his conclusions is a factor which an administrative law judge may consider in determining the relative weight of that report, *Clark v. Karst-Robbins Coal Co.*, 12 BLR 1-149, 1-155 (1989) (*en banc*); *Carpeta v. Mathies Coal Co.*, 7 BLR 1-145, 1-147 n.2 (1984); *see Fagg v. Amax Coal Co.*, 12 BLR 1-77, 1-79 (1988), we reject employer's argument with respect to Dr. Farney's opinion. Similarly, the administrative law judge found that Dr. Rosenberg's opinion was entitled to less weight because Dr. Rosenberg opined that claimant's chronic obstructive pulmonary disease was not related to or hastened by coal mine employment based upon the absence of evidence of complicated pneumoconiosis or x-ray findings of micronodularity. The administrative law judge concluded that the physician's reliance on these two factors precluded him from diagnosing legal pneumoconiosis. 20 C.F.R. §718.201(a)(2); *see Taylor v. Director, OWCP*, 9 BLR 1-22, 1-24 (1986); Decision and Order at 18; Employer's Exhibit 2. Consequently, the administrative law judge properly accorded less weight to Dr. Rosenberg's opinion that claimant does not suffer from pneumoconiosis because his opinion was premised exclusively on the lack of x-ray evidence of micronodularity related to past coal dust exposure and an absence of evidence of complicated pneumoconiosis, which diminished the credibility of his opinion. *See Tenney v. Badger Coal Co.*, 7 BLR 1-589, 1-592 (1984). Accordingly, employer's contention with respect to Dr. Rosenberg's opinion is, likewise, rejected.

Employer argues that the administrative law judge improperly determined that Dr. Elmer failed to consider whether coal dust exposure played any role in claimant's chronic bronchitis because Dr. Elmer recorded claimant's coal mine employment history by listing the years claimant was employed at U.S. Steel, Carbon Fuel, and Utah Power and Light Mining Company. Therefore, employer avers that the administrative law judge's discrediting of Dr. Elmer's opinion lacks any basis. While a review of Dr. Elmer's report dated July 7, 1987 reveals a list of three coal companies where claimant worked, namely U.S. Steel, Carbon Fuel, and Utah Power and Light Mining Company, the administrative law judge found that Dr. Elmer's diagnosis of chronic bronchitis unrelated to dust exposure in coal mine employment was not well reasoned due to Dr. Elmer's failure to explain in his opinion how he concluded that coal dust exposure played no role in the diagnosed lung disease. We find no error in the administrative law judge's analysis. It

was within the discretion of the administrative law judge, as the finder-of-fact, to discount Dr. Elmer's diagnosis of chronic bronchitis because he did not explain its underlying premise – that coal dust exposure played no role in the diagnosed condition of chronic bronchitis. This was rational. *See Trumbo v. Reading Anthracite Co.*, 17 BLR 1-85, 1-88-89 (1993); *King v. Consolidation Coal Co.*, 8 BLR 1-262 (1985); *Lucostic v. U.S. Steel Corp.*, 8 BLR 1-46 (1985); *Hess v. Clinchfield Coal Co.*, 7 BLR 1-295, 1-296 (1984). Contrary to employer's argument, therefore, Dr. Elmer's mere citation of claimant's coal mine employment history is not tantamount to an actual consideration or discussion of it when rendering his ultimate, unexplained conclusion. We, therefore, reject employer's argument.

Finally, employer contends that, in crediting the opinion of Dr. Poitras's opinion, the administrative law judge erred in finding that Dr. Poitras's opinion was consistent with the CT scan results since he did not consider the CT scan findings when evaluating the medical evidence and erred in finding that it was more probative since Dr. Poitras did not review the miner's prior treatment records, histories, or diagnostic tests when rendering his diagnosis. Employer argues further that because Dr. Poitras failed to explain his opinion that claimant's severe obstructive lung disease and hypoxemia were due to both coal dust exposure and cigarette smoking, this opinion is insufficient to establish the existence of pneumoconiosis or disability causation. We disagree.

We previously rejected employer's argument that the administrative law judge did not consider all of the relevant medical evidence of record; hence, employer's argument that the administrative law judge erred in finding that Dr. Poitras's opinion was consistent with the CT scan results since he did not consider the CT scan findings when evaluating the medical evidence is, likewise, rejected. We also reject that portion of employer's argument that Dr. Poitras's opinion was less reliable because he did not review the miner's prior treatment records, histories, or diagnostic tests when rendering his diagnosis inasmuch as it has consistently been held that a medical report is considered documented if it is minimally based upon symptomotology, patient history, and physical examination and is considered reasoned if the underlying documentation on which it is based adequately supports the physician's conclusions. *See Trumbo*, 17 BLR at 1-88-89; *King*, 8 BLR at 1-262; *Lucostic*, 8 BLR at 1-46; *Hess*, 7 BLR at 1-296. The administrative law judge permissibly found that the narrative medical opinion of Dr. Poitras was more persuasive than the contrary evidence and, therefore, was entitled to dispositive weight. Dr. Poitras relied on multiple sources of data, namely, his physical examination of claimant, claimant's symptomotology, medical and employment histories, chest x-ray, pulmonary function and arterial blood gas studies, and electrocardiogram results before rendering his diagnosis of severe obstructive lung disease due to coal dust exposure and cigarette smoking history, hypoxemia, and coronary artery disease. *See Director, OWCP v. Rowe*, 710 F.2d 251, 255, 5 BLR 2-99, 2-103 (6th Cir. 1983) (determination as to whether physician's report is sufficiently reasoned and documented

is credibility matter for administrative law judge); Decision and Order at 16, 19; Director's Exhibit 15. Because the administrative law judge's determination that Dr. Poitras's opinion was well-reasoned and documented was rational and supported by substantial evidence, we reject employer's argument. Since the administrative law judge's analysis of the conflicting medical opinions constitutes a proper evaluation of the evidence and, contrary to employer's contention, contains no reversible error, is rational, and supported by substantial evidence, we affirm the administrative law judge's determination that the opinion of Dr. Poitras outweighed the opinions of Drs. Nichols, Farney, Rosenberg, and Elmer.

Based on the foregoing, we hold that the administrative law judge conducted a full and comparative weighing of all relevant evidence; he reasonably determined that the evidence was sufficient to establish the existence of pneumoconiosis pursuant to Section 718.202(a) and total disability due to pneumoconiosis pursuant to Section 718.204(c), and he fully explained his credibility determinations and his weighing of the evidence. *See Trumbo*, 17 BLR at 1-88-89; *Clark*, 12 BLR at 1-149; *Carpeta v. Mathies Coal Co.*, 7 BLR 1-145, 1-147 (1984). Accordingly, because we affirm the administrative law judge's finding that claimant satisfied his burden of establishing that he suffers from coal workers' pneumoconiosis and is totally disabled due to pneumoconiosis, we affirm the administrative law judge's determination that claimant is entitled to benefits in this case. *See* 20 C.F.R. §§718.202(a), 718.204(c); *Trent v. Director, OWCP*, 11 BLR 1-26, 1-27 (1987); *Perry*, 9 BLR at 1-2.Accordingly, the Decision and Order -- Awarding Benefits and Supplemental Decision and Order Awarding Representative's Fees and Costs of the administrative law judge are affirmed.

Accordingly, the Decision and Order – Awarding Benefits of the administrative law judge is affirmed.

SO ORDERED.

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ROY P. SMITH
Administrative Appeals Judge

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REGINA C. McGRANERY
Administrative Appeals Judge

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BETTY JEAN HALL
Administrative Appeals Judge