BRB No. 08-0690 BLA

T.J.I.	)	
	)	
Claimant-Respondent	)	
	)	
v.	)	
	)	
U.S. STEEL MINING COMPANY	)	DATE ISSUED: 06/30/2009
	)	
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 Adele Higgins Odegard, Administrative Law Judge, United States Department of Labor.

Patrick K. Nakamura (Nakamura, Quinn, Walls, Weaver & Davies), Birmingham, Alabama, for claimant.

Neil Richard Clement (Richardson Clement PC), Birmingham, Alabama, for employer.

Sarah M. Hurley (Carol A. DeDeo, Deputy Solicitor; Rae Ellen Frank James, Associate Solicitor; Michael J. Rutledge, Counsel for Administrative Litigation and Legal Advice), Washington, D.C., for the Director, Office of Workers' Compensation Programs, United States Department of Labor.

Before: DOLDER, Chief Administrative Appeals Judge, McGRANERY and HALL, Administrative Appeals Judges.

PER CURIAM:

Employer appeals the Decision and Order Awarding Benefits (07-BLA-5804) of Administrative Law Judge Adele Higgins Odegard rendered on a miner's claim filed pursuant to the provisions of Title IV of the Federal Coal Mine Health and Safety Act of

1969, as amended, 30 U.S.C. §901 *et seq.* (the Act). The administrative law judge adjudicated this claim, filed on August 25, 2006, pursuant to the regulations at 20 C.F.R. Part 718. She accepted the parties' stipulations that claimant had thirty-nine years of coal mine employment and a totally disabling respiratory impairment pursuant to 20 C.F.R. §718.204(b). The administrative law judge found that the weight of the evidence established the existence of pneumoconiosis arising out of coal mine employment pursuant to 20 C.F.R. §§718.202(a), 718.203(b), and total disability due to pneumoconiosis pursuant to 20 C.F.R. §718.204(c). Accordingly, benefits were awarded.

On appeal, employer challenges the administrative law judge's finding that the evidence established the existence of pneumoconiosis pursuant to 20 C.F.R. §718.202(a), and disability causation pursuant to 20 C.F.R. §718.204(c). Claimant responds in support of the award of benefits. The Director, Office of Workers' Compensation Programs (the Director), has filed a limited response, urging the Board to reject employer's arguments regarding the administrative law judge's consideration of Dr. Loveless's x-ray interpretation.

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.[1] 33 U.S.C. §921(b)(3), as incorporated into the Act by 30 U.S.C. §932(a); *O'Keeffe v. Smith, Hinchman & Grylls Associates, Inc.*, 380 U.S. 359 (1965).

In order to establish entitlement to benefits in a living miner's claim filed pursuant to 20 C.F.R. Part 718, claimant must establish the existence of pneumoconiosis, that the pneumoconiosis arose out of coal mine employment, and that the pneumoconiosis is totally disabling. 30 U.S.C. §901; 20 C.F.R. §§718.3, 718.202, 718.203, 718.204; *Trent v. Director, OWCP*, 11 BLR 1-26 (1987). Failure to establish any one of these elements precludes entitlement. *Trent*, 11 BLR at 1-27.

At Section 718.202(a)(1), employer challenges the administrative law judge's evaluation of Dr. Loveless's October 18, 2006 x-ray interpretation, included in the pulmonary evaluation conducted by Dr. Hawkins for the Department of Labor. Decision and Order at 7, 9; Director's Exhibit 11. Employer maintains that there is no record evidence that Dr. Loveless is a Board-certified radiologist or a B reader,[2] as presumed by

[1] This case arises within the jurisdiction of the United States Court of Appeals for the Eleventh Circuit, as claimant's coal mine employment occurred in Alabama. Director's Exhibits 3 at 1; *see Shupe v. Director, OWCP*, 12 BLR 1-200 (1989)(*en banc*).

[2] The term "B reader" refers to a physician who has demonstrated designated levels of proficiency in classifying x-rays according to the ILO-U/C standards by

the administrative law judge, and that the physician's "one-sentence narrative contains no conclusion whatsoever that [the miner] has a chest x-ray film consistent with or probative of the presence of . . . pneumoconiosis." Employer's Brief at 20. Employer also asserts that the x-ray interpretation is entitled to no weight because it fails to comply with the classification requirements at 20 C.F.R §718.102(b), and was not submitted on an ILO form. Employer's Brief at 17-20. The Director responds that "[a]ny error in the [administrative law judge's] decision to presume that Dr. Loveless is a Board-certified radiologist and B reader is harmless," as the website of the Norwood Clinic where he practices and the NIOSH B reader list confirm that Dr. Loveless possesses both radiological qualifications. Director's Brief at 4. Further, the Director maintains that Dr. Loveless's x-ray interpretation substantially complies with the quality standards at 20 C.F.R. §718.102(b). Director's Brief at 3.

We agree with the Director that employer's arguments are without merit. The record reflects that Dr. Loveless's narrative report indicated that a "[c]hest radiograph dated 10/18/2006 is reviewed for the presence of and classification of pneumoconiosis according to the ILO 80 classification," and the findings included "QT opacities of profusion 1/2 are seen in all six lung zones." Director's Exhibit 11. The administrative law judge accurately determined that Dr. Loveless's interpretation was positive for pneumoconiosis, and that the remaining x-ray of record, dated February 13, 2007, was interpreted as negative for pneumoconiosis by Dr. Goldstein, a B reader. Director's Exhibit 12. Noting that the interpretation of an x-ray by a dually qualified Board-certified radiologist and B reader may be given greater weight than the interpretation by a reader who is not dually qualified, the administrative law judge presumed that Dr. Loveless was a radiologist because his letterhead listed him as a physician with the Norwood Clinic Department of Radiology, accredited by the American College of Radiology; and she presumed that he was a B reader because his interpretation was stated in a "B-read" narrative report.[3] Decision and Order at 6-7, n.7, 8; Director's Exhibit 11. Based on Dr. Loveless's superior qualifications, the administrative law judge credited his interpretation over that of Dr. Goldstein, and found that the weight of the x-ray evidence

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successful completion of an examination established by the National Institute of Safety and Health. *See* 42 C.F.R. §37.51. A "Board-certified radiologist" is a radiologist who is certified by the American Board of Radiology. *See Roberts v. Bethlehem Mines Corp.*, 8 BLR 1-211, 213 n.5 (1985).

[3] The administrative law judge explained her approach to analyzing x-ray evidence generally, noting that she accords more weight to the opinions of physicians who are Board-certified radiologists "because they have wide professional training in all aspects of X-ray interpretation." Decision and Order at 7.

at Section 718.202(a)(1) "tends toward establishing that the Claimant has pneumoconiosis." Decision and Order at 7.

Section 718.202(a)(1) provides that where two or more x-ray readings are in conflict, the administrative law judge shall consider the radiological qualifications of the x-ray readers, as defined therein, in evaluating their x-ray interpretations. 20 C.F.R. §718.202(a)(1)(ii); *see generally Dixon v. North Camp Coal Co.*, 8 BLR 1-344 (1985)[an administrative law judge must compare the relative radiological qualifications of interpreting medical professionals]. The party who attempts to rely upon an x-ray interpretation has the burden of establishing for the record the qualifications of the x-ray reader in question. *Rankin v. Keystone Coal Mining Corp.*, 8 BLR 1-54 (1985). Notably, while the regulations provide the criteria for determining whether a reader is Board-certified, Board-eligible, a B reader or a qualified radiologic technologist, and do not explicitly provide for the consideration of additional qualifications, the comments to the revised regulations provide that, in considering the radiological qualifications of a reader, the adjudicator "should consider any relevant factor in assessing a physician's credibility, and each party may prove or refute the relevance of that factor." 65 Fed. Reg. 79945 (Dec. 20, 2000), *citing Worhach v. Director, OWCP*, 17 BLR 1-105, 1-108 (1983). At the formal hearing, employer raised no objection to the admission into evidence of Dr. Loveless's x-ray interpretation, Hearing Transcript at 5, and employer does not factually controvert the Director's submission on appeal. As the administrative law judge rationally inferred, from the face and content of the narrative report, that Dr. Loveless is a radiologist and a B reader, we conclude that she permissibly exercised her discretion, as fact-finder, in order to assess Dr. Loveless's radiological qualifications as they bear on the credibility of his x-ray interpretation. Accordingly, we reject employer's assertion that the administrative law judge was obligated to credit Dr. Goldstein's interpretation over that of Dr. Loveless. As both a Board-certified radiologist and a B reader, Dr. Loveless's x-ray interpretation was permissibly accorded greater weight than that of Dr. Goldstein. *See generally Chaffin v. Peter Cave Coal Co*., 22 BLR 1-294, 1-302 (2003).

With respect to employer's remaining challenge to Dr. Loveless's x-ray interpretation, the regulation at 20 C.F.R. §718.102 provides that an x-ray must be of suitable quality for the proper classification of pneumoconiosis. Here, the contested x-ray was read for quality by Dr. Barrett, a Board-certified radiologist and B reader, as "1," or optimal.[4] Director's Exhibit 11; Decision and Order at 5, n.4. The regulation further provides that, in order to establish the existence of pneumoconiosis, a chest x-ray "shall be classified as Category 1, 2, 3, A, B, or C" according to the ILO-U/C classification system. 20 C.F.R. §718.102(a), (b); *Wilt v. Wolverine Mining Co.*, 14 BLR 1-70 (1990);

[4] A rating of "1" is the highest rating for film quality that appears on the x-ray interpretation form developed by the National Institute of Health (NIOSH) and used by the Department of Labor.

Sheckler v. Clinchfield Coal Co., 7 BLR 1-128 (1984). Because Dr. Loveless's narrative interpretation contained the requisite interpretive ILO profusion rating classification, and his x-ray was deemed to be of suitable quality in order to be reliably interpreted for the presence or absence of pneumoconiosis, we agree with the Director that the x-ray substantially complies with the regulations. 20 C.F.R. §§718.202(a)(1); 718.102(b); Decision and Order at 6-7. Consequently, we affirm the administrative law judge's resolution of the conflict in the x-ray evidence at Section 718.202(a)(1) as reasonable and supported by substantial evidence.

Next, employer challenges the administrative law judge's determination, pursuant to 20 C.F.R. §718.202(a)(4), to credit the medical opinions of Drs. Lott and Hawkins, that the miner suffers from pneumoconiosis, over the contrary medical opinion of Dr. Goldstein. Addressing employer's arguments *seriatim*, we first reject employer's challenge to the administrative law judge's determination that Dr. Goldstein's medical opinion is inconsistent with the Act. Specifically, the administrative law judge cited Dr. Goldstein's hearing testimony indicating that, except for cases of very advanced disease with abnormal x-rays, obstructive disease could not be due to simple pneumoconiosis. Decision and Order at 12; *see* Hearing Transcript at 53-56, 63-64. Employer argues that Dr. Goldstein "did not 'categorically exclude' obstructive disorders from the conditions caused by occupational pneumoconiosis, but expressly included them." Employer's Brief at 28, n.7.[5] We disagree. Our review confirms the administrative law judge's assessment

[5] The Act and implementing regulations recognize that pneumoconiosis encompasses obstructive impairments arising out of coal mine employment. Pneumoconiosis is defined as:

> . . . a chronic dust disease of the lung and its sequelae, including respiratory and pulmonary impairments, arising out of coal mine employment. This definition includes both medical, or "clinical", pneumoconiosis and statutory, or "legal", pneumoconiosis.

20 C.F.R. §718.201(a).

Legal pneumoconiosis is further defined as including:

> . . . any chronic lung disease or impairment and its sequelae arising out of coal mine employment. This definition includes, but is not limited to, any chronic restrictive or obstructive pulmonary disease arising out of coal mine employment.

20 C.F.R. §718.201(a)(2). Additionally, the comments to the revised regulation provide that:

of Dr. Goldstein's testimony, *i.e.*, that simple pneumoconiosis causes only a restrictive defect, and that the physician ruled out the possibility of an obstructive impairment due to pneumoconiosis except in cases of progressive massive fibrosis or complicated pneumoconiosis. Hearing Transcript at 54, 62-64. The administrative law judge's view of the relevant testimony is consistent with case law from numerous circuits recognizing that obstructive lung diseases can arise from coal mine dust exposure. *See* 65 Fed. Register 79920, 79943 (Dec. 20, 2000). Thus, a medical opinion that simple pneumoconiosis would not cause an obstructive impairment is contrary to the Act as implemented by the regulations. *See Black Diamond Coal Co. v. Benefits Review Board* [*Raines*], 758 F.2d 1532, 7 BLR 2-209, *reh'g denied*, 768 F.2d 1353 (11th Cir. 1985); *see also Consolidation Coal Co. v. Director, OWCP* [*Beeler*], 521 F.3d 723, 24 BLR 2-97 (7th Cir. 2008); *Midland Coal Co., v. Director, OWCP* [*Shores*], 358 F.3d 486, 495, 23 BLR 2-18, 2-35 (7th Cir. 2004); *Freeman United Coal Mining Co. v. Summers*, 272 F.3d 473, 483 n.7, 22 BLR 2-265, 2-281 n.7 (7th Cir. 2001); *Blakley v. Amax Coal Co.*, 54 F.3d 1313, 19 BLR 2-192 (7th Cir. 2001); *Thorn v. Itmann Coal Co.*, 3 F.3d 713, 718, 18 BLR 2-16, 2-25 (4th Cir. 1993). We therefore affirm the administrative law judge's finding that Dr. Goldstein's medical opinion is inconsistent with the Act and therefore is insufficiently reasoned and entitled to little weight on the issue of the existence of pneumoconiosis. Decision and Order at 12; s*ee generally Jordan v. Benefits Review Board*, 876 F.2d 1455, 1460, 12 BLR 2-371, 2-375 (11th Cir. 1989); *Clark v. Karst-Robbins Coal Co*., 12 BLR 1-149 (1989)(*en banc*).[6]

Employer next contends that the administrative law judge erred in finding that the opinions of Drs. Lott and Hawkins were well-documented and reasoned, and sufficient to support a finding of pneumoconiosis under Section 718.202(a)(4). Employer also

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> [t]he Department's proposed revision to the definition of pneumoconiosis is also supported by the growing evidence of the adverse effects of coal mine dust exposure at the cellular level leading to obstructive lung disease.

65 Fed. Register 79920, 79942 (Dec. 20, 2000).

[6] The administrative law judge also found that Dr. Goldstein failed to discuss relevant aspects of the miner's biopsy results. Decision and Order at 12; Employer's Exhibit 1. As an opinion that does not account for significant medical evidence may permissibly be discounted, *see generally Tedesco v. Director, OWCP*, 18 BLR 1-103 (1994); *Mabe v. Bishop Coal Co*., 9 BLR 1-67 (1986), the administrative law judge's determination provides an additional, valid reason for her disposition of the medical opinion. *See Kozele v. Rochester & Pittsburgh Coal Co*., 6 BLR 1-378, 1-382-83 n.4 (1983).

contends that the administrative law judge erred in according "significant weight" to the opinion of Dr. Lott based on his status as treating physician pursuant to 20 C.F.R. §718.104(d). Employer's arguments are without merit.

Dr. Lott's initial pulmonary consultation and testing on June 14, 2006, resulted in diagnoses including: "Pneumoconiosis and Emphysema/COPD." Director's Exhibit 5 at 4, 7. Based on his medical evaluation and course of treatment through December 2007, and the findings on x-ray and biopsy, Dr. Lott concluded that the miner's pulmonary conditions of COPD, emphysema, and CWP are "likely the result" of occupational exposure to coal dust, and smoking. Claimant's Exhibit 2; Decision and Order at 10-11.[7] After performing a complete pulmonary evaluation for the Department of Labor, Dr. Hawkins also diagnosed pneumoconiosis and COPD, based on his examination of the miner, the objective evidence, and the miner's occupational and smoking histories.[8] Decision and Order at 9-10, 13; Director's Exhibit 11.

The administrative law judge accurately reviewed the opinions of Drs. Lott and Hawkins, their underlying documentation, and the physicians' explanations for their conclusions, and acted within her discretion as trier-of-fact in finding that the opinions were well-documented and reasoned. Decision and Order at 16; *see United States Steel Mining Co. v. Director, OWCP* [*Jones*], 386 F.3d 977, 992, 23 BLR 2-213, 2-238 (11th Cir. 2004); *Jordan v. Benefits Review Board*, 876 F.2d 1455, 1460, 12 BLR 2-371, 2-375

[7] Following an eighteen-month course of treatment, Dr. Lott noted the miner's occupational coal dust exposure and smoking history, and opined that "many factors" underlay the miner's pulmonary problems. Claimant's Exhibit 2. Dr. Lott stated that, while not responsible for all of the miner's pulmonary impairment, "this occupational exposure is a significant factor in his pulmonary history, illness and impairment, including his CWP and COPD." *Id*.

[8] Dr. Hawkins diagnosed "1. Pneumoconiosis: Hx Coal Miner, Dyspnea, ABN Spirometry, ABN xr, Lung biopsy; 2. COPD; 3. Lung mass." Director's Exhibit 11. He specified that diagnosis #1 contributed 80%, and diagnosis #2 contributed 20% to the miner's totally disabling respiratory impairment. *Id*.

In his summary, Dr. Hawkins opined that the miner's evaluation indicated "pulmonary impairment from coal workers pneumoconiosis as well as chronic obstructive pulmonary disease," with findings compatible with a conclusion that "coal workers' pneumoconiosis was substantially contributing to [the miner's] disabling respiratory condition." Claimant's Exhibit 1 at 1. Dr. Hawkins specified that exposure to coal dust in the miner's coal mining employment "led to the development of coal workers' pneumoconiosis and his current respiratory impairment." *Id*.

(11th Cir. 1989); *Clark*, 12 BLR at 1-155. Employer's arguments to the contrary essentially request a reweighing of the evidence, an exercise beyond our review. *See Taylor v. Alabama By-Products Corp.*, 862 F.2d 1529, 12 BLR 2-110 (11th Cir. 1989). In considering Dr. Lott's opinion pursuant to Section 718.104(d), the administrative law judge noted the physician's Board-certification in pulmonary diseases,[9] and, based on Dr. Lott's course of treatment on multiple occasions at periods of every two to three months, including the miner's post-biopsy care, she permissibly concluded that the patient-physician relationship was of sufficient depth to warrant increased weight. Decision and Order at 13; *see Tedesco v. Director, OWCP*, 18 BLR 1-103 (1984); *Onderko v. Director, OWCP*, 14 BLR 1-2 (1989). We reject employer's argument that Dr. Lott's diagnosis of pneumoconiosis is not supported by the biopsy evidence or the x-rays showing COPD and emphysema. Employer's Brief at 23-24. As Dr. Lott attributed claimant's COPD, in part, to claimant's coal dust exposure, this condition constitutes legal pneumoconiosis under the Act. 30 U.S.C. §902(b); 20 C.F.R. §§718.201(a)(2), 718.201(a)(2), (b); *see also Jordan*, 876 F.2d at 1460, 12 BLR at 2-375; *McClendon v. Drummond Coal Co.*, 861 F.2d 1512, 1514, 12 BLR 2-108, 2-109 (11th Cir. 1988); *Stomps v. Director, OWCP*, 816 F.2d 1533, 1535, 10 BLR 2-107, 1-108 (11th Cir. 1987). Further, the administrative law judge rationally determined that the biopsy findings of "pulmonary parenchyma with focal fibrosis associated with anthracotic pigment and birefringent crystalline material," Director's Exhibit 13, which were interpreted as being negative for malignancy and "suggestive of pneumoconiosis," *id.*, provided "some evidence that tends toward establishing that the Claimant has pneumoconiosis." Decision and Order at 8. We also are not persuaded by employer's challenge to the administrative law judge's determination to accord "some weight" to the opinion of Dr. Hawkins, as she found that the physician's underlying documentation supported his diagnosis. *Id*. at 13. The administrative law judge properly summarized, compared, and analyzed the medical opinions of record and explained her reasons for crediting or discrediting the conflicting opinions. Accordingly, we conclude that she acted within her discretion in weighing the evidence and drawing appropriate inferences therefrom, and substantial evidence supports those findings. *See Taylor*, 862 F.2d at 1531 n.1, 12 BLR 2-112 n.1; *Bradberry v. Director, OWCP*, 117 F.3d 1361, 21 BLR 2-166 (11th Cir. 1997). We therefore affirm as rational her credibility determinations regarding the medical opinion evidence pursuant

[9] The administrative law judge determined that Drs. Goldstein, Lott and Hawkins were all well-qualified to render opinions, as all were Board-certified in the relevant field of pulmonary diseases, among other certifications. Decision and Order at 12. While employer asserts that Dr. Lott is not qualified to render a diagnosis of pneumoconiosis because the credentials submitted with Claimant's Exhibit 2 reveal Board-certification only in critical care, Employer's Brief at 23, we note that the credentials submitted with Dr. Lott's treatment notes reflect his specialty in pulmonary disease, and his Board-certifications in pulmonary diseases and critical care. Director's Exhibit 13.

to Section 718.202(a)(4), and affirm the administrative law judge's finding that the weight of the evidence in the record as a whole established the existence of pneumoconiosis under Section 718.202(a). *See generally Brown v. Director, OWCP*, 851 F.2d 1569, 11 BLR 2-192 (11th Cir. 1988); *see also Jones*, 386 F.3d at 991, 23 BLR at 2-237; *Trumbo v. Reading Anthracite Co.*, 17 BLR 1-85, 1-88-89 n.4 (1993); *McMath v. Director, OWCP*, 12 BLR 1-6 (1988).

Finally, employer contends that the administrative law judge erred in finding that the opinions of Drs. Lott and Hawkins were sufficient to establish disability causation at Section 718.204(c), arguing that Dr. Goldstein's opinion, that claimant's disability was due solely to smoking, is better reasoned and supported. Employer's arguments are without merit. The administrative law judge correctly noted that this element of entitlement is established by proof that pneumoconiosis, as defined in 20 C.F.R. §718.201, is a substantially contributing cause of the miner's totally disabling respiratory or pulmonary impairment. 20 C.F.R. §718.204(c)(1); *see Jones*, 386 F.3d at 990, 23 BLR at 2-236; *Black Diamond Coal Mining Co. v. Director, OWCP* [*Marcum*], 95 F.3d 1079, 20 BLR 2-325 (11th Cir. 1996); *Lollar v. Alabama By-Products Corp.*, 893 F.2d 1258, 1265, 13 BLR 2-277, 2-283 (11th Cir. 1990); Decision and Order at 15-16. Pneumoconiosis is a "substantially contributing cause" of the miner's disability 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 that is caused by a disease or exposure unrelated to coal mine employment.[10] 20 C.F.R. §718.204(c)(1); *Gross v. Dominion Coal Corp.*, 23 BLR 1-8, 1-17 (2003).

Analyzing the evidence relevant to the issue of disability causation at Section 718.204(c), the administrative law judge determined that Drs. Lott and Hawkins opined that claimant's disabling respiratory impairment is due to both coal dust exposure and smoking, while Dr. Goldstein opined that claimant's pulmonary disability is due entirely to smoking. Decision and Order at 13-14, 12. The administrative law judge credited the medical opinions of Drs. Lott and Hawkins, that pneumoconiosis is a substantially contributing cause of claimant's totally disabling respiratory impairment, as better supported by their objective findings, and most persuasive. *See McClendon*, 861 F.2d at 1512, 12 BLR at 2-108; *Anderson v. Valley Camp of Utah, Inc.*, 12 BLR 1-111 (1989). Decision and Order at 15, 16. She permissibly discounted Dr. Goldstein's medical opinion because, in addition to the physician's statements that the administrative law

[10] The comments to the regulations clarify that the inclusion of the words "material" or "materially" reflects the view that "evidence that pneumoconiosis makes only a negligible, inconsequential, or insignificant contribution to the miner's total disability is insufficient to establish that pneumoconiosis is a substantially contributing cause of that disability." 65 Fed. Reg. 79946 (Dec. 20, 2000).

judge found were inconsistent with the Act, Dr. Goldstein opined that the miner does not have pneumoconiosis, contrary to the administrative law judge's findings, *see Clark*, 12 BLR at 1-149, 1-155; *see also Scott v. Mason Coal Co*., 289 F.3d 263, 269-70, 22 BLR 2-372, 2-382-84 (4th Cir. 2002); and he failed to fully account for the residual disabling impairment shown on the miner's test results after bronchodilation. Decision and Order at 12, 16 n.19, 21; *Justice v. Island Creek Coal Co.*, 11 BLR 1-91 (1988). In comparison, the administrative law judge rationally found that: "in assigning percentages for the impact of the different etiological factors, Dr. Hawkins explicitly indicated the claimant's smoking history was a lesser factor than his coal mine employment . . . . Dr. Lott's opinion is less specific, but is consistent with Dr. Hawkins' conclusions." Decision and Order at 14. As the opinions of Drs. Lott and Hawkins satisfy the appropriate standard, we affirm the administrative law judge's finding that the weight of the evidence was sufficient to establish that coal dust exposure was a substantially contributing cause of claimant's disability pursuant to Section 718.204(c), as supported by substantial evidence. *See Jones*, 386 F.3d at 993, 23 BLR at 2-241; *Marcum*, 95 F.3d at 1079, 20 BLR at 2-325; *Lollar*, 893 F.2d at 1265, 13 BLR at 2-283; Decision and Order at 18. Consequently, we affirm the administrative law judge's award of benefits.

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

SO ORDERED.

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NANCY S. DOLDER, Chief
Administrative Appeals Judge

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REGINA C. McGRANERY
Administrative Appeals Judge

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BETTY JEAN HALL
Administrative Appeals Judge