BRB No. 08-0115 BLA

H.W.	)	
	)	
Claimant-Petitioner	)	
	)	
v.	)	
	)	
EASTERN ASSOCIATED COAL CORPORATION	)	
	)	
	)	DATE ISSUED: 10/20/2008
Employer-Respondent	)	
	)	
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 Edward Terhune Miller, Administrative Law Judge, United States Department of Labor.

William B. Talty, Tazewell, Virginia, for claimant.

Laura Metcoff Klaus (Greenberg Traurig LLP), Washington, D.C., for employer.

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

PER CURIAM:

Claimant appeals the Decision and Order – Denying Benefits (04-BLA-6750) of Administrative Law Judge Edward Terhune Miller denying claimant's request for modification of the denial of a subsequent 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). Claimant's prior application for benefits, filed on February 24, 1999, was finally denied on June 2, 1999, because claimant failed to establish any element of entitlement. Director's Exhibit 2. On February 5, 2001, claimant filed his current application, which is considered a "subsequent claim for benefits" because it was filed more than one year after the final denial of a previous claim. 20 C.F.R. §725.309(d);

Director's Exhibit 3. In a proposed Decision and Order dated September 24, 2002, the district director denied benefits because, although claimant established the existence of pneumoconiosis, arising out of coal mine employment, pursuant to 20 C.F.R. §§718.202(a), 718.203(b), he failed to establish the existence of a totally disabling respiratory impairment pursuant to 20 C.F.R. §718.204(b). Director's Exhibit 56. Claimant contested the determination, and the case was forwarded to the Office of Administrative Law Judges (OALJ) for adjudication. Subsequently, however, at claimant's request, the case was remanded to the district director to allow claimant to submit additional medical evidence. In a determination dated June 7, 2004, the district director found that the evidence did not establish a basis for modification of the prior denial of benefits. Claimant requested a hearing, and the case was again forwarded to the OALJ.

In a Decision and Order dated September 19, 2007, the administrative law judge credited claimant with at least thirty-six years of coal mine employment[1] and initially found that the medical evidence developed since the prior denial of benefits established the existence of simple pneumoconiosis pursuant to 20 C.F.R. §718.202(a), and thus established a change in an applicable condition of entitlement pursuant to 20 C.F.R. §725.309(d). The administrative law judge further found, however, that the medical evidence failed to establish the existence of a totally disabling respiratory impairment pursuant to 20 C.F.R. §718.204(b), and also did not establish invocation of the irrebuttable presumption of total disability due to pneumoconiosis at 20 C.F.R. §718.304. Accordingly, the administrative law judge denied benefits.

On appeal, claimant contends that the administrative law judge erred in finding that the evidence did not establish the existence of complicated pneumoconiosis pursuant to 20 C.F.R. §718.304. Claimant further asserts that the administrative law judge erred in his evaluation of the medical opinion evidence relevant to the issue of total disability at 20 C.F.R. §718.204(b)(2)(iv). Employer responds in support of the administrative law judge's denial of benefits. Claimant filed a reply brief reiterating the above allegations of error. The Director, Office of Workers' Compensation Programs, has not filed a response brief.[2]

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[1] The record indicates that claimant's coal mine employment was in West Virginia. Director's Exhibit 4. Accordingly, this case arises within the jurisdiction of the United States Court of Appeals for the Fourth Circuit. *See Shupe v. Director, OWCP*, 12 BLR 1-200, 1-202 (1989)(*en banc*).

[2] We affirm, as unchallenged on appeal, the administrative law judge's findings of at least thirty-six years of coal mine employment and that claimant established the existence of simple pneumoconiosis arising out of coal mine employment pursuant to 20

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. 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).

To be entitled to benefits under the Act, claimant must demonstrate by a preponderance of the evidence that he is totally disabled due to pneumoconiosis arising out of coal mine employment. 30 U.S.C. §901; 20 C.F.R. §§718.3, 718.202, 718.203, 718.204. Failure to establish any one of these elements precludes a finding of entitlement. *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). Claimant may establish that he is totally disabled either through the submission of objective evidence that meets the standards set forth at 20 C.F.R. §718.204(b)(2)(i)-(iv), or by submitting evidence sufficient to invoke the irrebuttable presumption of total disability due to pneumoconiosis pursuant to 20 C.F.R. §718.304(a)-(c).

Section 411(c)(3) of the Act, 30 U.S.C. §921(c)(3), as implemented by 20 C.F.R. §718.304, creates an irrebuttable presumption that the miner is totally disabled due to pneumoconiosis or that his death was due to pneumoconiosis if (A) an x-ray of the miner's lungs shows at least one opacity greater than one centimeter in diameter; (B) a biopsy reveals "massive lesions" in the lungs; or (C) a diagnosis by other means reveals a result equivalent to (A) or (B). In *Director, OWCP v. Eastern Coal Corp.* [*Scarbro*], 220 F.3d 250, 22 BLR 2-93 (4th Cir. 2000), the United States Court of Appeals for the Fourth Circuit stated that although the clauses in (A), (B), and (C), provide three different ways to establish the existence of complicated pneumoconiosis for purposes of invoking the irrebuttable presumption, the clauses were intended to describe a single, objective condition. Thus, the court held that, in applying the standards set forth in each prong, equivalency determinations must be performed to make certain that regardless of which diagnostic technique is used, the same underlying condition triggers the irrebuttable presumption. *Scarbro*, 220 F.3d at 255, 22 BLR at 2-100; *Double B Mining, Inc. v. Blankenship*, 177 F.3d 240, 243, 22 BLR 2-554, 2-560 (4th Cir. 1999). The court further stated that because prong (A) sets out an entirely objective scientific standard, *i.e.*, an opacity on an x-ray greater than one centimeter, x-ray evidence provides the benchmark for determining what under prong (B) is a "massive lesion" and what under prong (C) is an equivalent diagnostic result reached by other means. *Scarbro*, 220 F.3d at 256, 22

C.F.R. §§718.202(a), 718.203(b), and thus a change in an applicable condition of entitlement under 20 C.F.R. §725.309(d), but failed to establish the existence of a totally disabling respiratory impairment pursuant to 20 C.F.R. §718.204(b)(2)(i)-(iii). *See Skrack v. Island Creek Coal Co.*, 6 BLR 1-710, 1-711 (1983).

BLR at 2-100; *Blankenship*, 177 F.3d at 243, 22 BLR at 2-561. In addition, in determining whether complicated pneumoconiosis has been established, the administrative law judge must, in every case, review the evidence under each prong, and consider all of the relevant evidence presented. *Scarbro*, 220 F.3d at 255, 22 BLR at 2-100; *Lester v. Director, OWCP*, 993 F.2d 1143, 17 BLR 2-114 (4th Cir. 1993); *Melnick v. Consolidation Coal Co.*, 16 BLR 1-31 (1991)(*en banc*).

In evaluating the evidence relevant to the existence of pneumoconiosis, the administrative law judge initially found that, while the x-ray evidence was inconclusive as to the existence of simple pneumoconiosis, the preponderance of the x-ray evidence was negative for the existence of complicated pneumoconiosis pursuant to 20 C.F.R. §718.304(a). Decision and Order at 5, 15. Considering the biopsy evidence pursuant to 20 C.F.R. §718.304(b), the administrative law judge found that, as Dr. Yadrandji diagnosed coal workers' pneumoconiosis and Dr. Caffrey diagnosed the existence of mild, simple coal workers' pneumoconiosis, and neither physician diagnosed progressive massive fibrosis, massive lesions, or complicated pneumoconiosis, the biopsy evidence established the existence of simple, but not complicated, pneumoconiosis. Decision and Order at 7, 15. The administrative law judge then found, pursuant to 20 C.F.R. §718.304(c), that the computerized tomography (CT) scan interpretations were conflicting for the existence of both simple and complicated pneumoconiosis, including those by the most highly qualified readers, and that the CT scan evidence thus neither precluded nor established the existence of either simple or complicated pneumoconiosis. Decision and Order at 8, 15. Finally, considering the medical opinion evidence pursuant to 20 C.F.R. §718.304(c), the administrative law judge found that the preponderance of the better reasoned medical opinions established the existence of simple, but not complicated, pneumoconiosis. Weighing all of the relevant evidence together under the standard set forth in *Scarbro*, the administrative law judge concluded that claimant failed to establish the existence of complicated pneumoconiosis by a preponderance of the evidence. Decision and Order at 15.

Claimant initially contends that the administrative law judge erred in his evaluation of the x-ray evidence relevant to the existence of complicated pneumoconiosis pursuant to 20 C.F.R. §718.304(a). Specifically, claimant asserts that the administrative law judge's findings were unclear and contradictory, and that the administrative law judge should have discredited the negative interpretations provided by Drs. Scott and Wheeler, because these physicians did not diagnose simple pneumoconiosis, in contrast to the administrative law judge's finding that the biopsy evidence established the existence of simple pneumoconiosis at 20 C.F.R. §§718.202(a)(2); 718.304(b). Claimant's Brief at 5-8. Claimant's contentions are without merit.

Pursuant to 20 C.F.R. §718.304(a), the administrative law judge considered eight readings, all by dually qualified B readers and Board-certified radiologists, of five x-rays

dated May 3, 2001, May 23, 2002, April 8, 2004, November 5, 2004, and February 7, 2005. Decision and Order at 5. The May 3, 2001 x-ray was read as positive for simple pneumoconiosis, but negative for large opacities of complicated pneumoconiosis by Dr. Patel. Director's Exhibit 13. In addition, Drs. Wheeler and Scott read the May 3, 2001 x-ray as completely negative for small or large opacities.[3] Director's Exhibit 35. The May 23, 2002 x-ray was read as completely negative for small or large opacities of pneumoconiosis by Dr. Scatarige. Employer's Exhibit 3. The x-ray dated April 8, 2004 was read as positive for small opacities of simple pneumoconiosis, but negative for large opacities of complicated pneumoconiosis, Category "O," by Dr. Ahmed.[4] Claimant's Exhibit 1. The x-ray dated November 5, 2004 was read as completely negative for small or large opacities by Dr. Scott. Finally, the x-ray dated February 7, 2005 was read as positive for both small opacities of simple pneumoconiosis and a large opacity of complicated pneumoconiosis, Category "A," by Dr. Cappiello. However, the same x-ray was also read as positive for small opacities of simple pneumoconiosis, but negative for large opacities of complicated pneumoconiosis, Category "O," by Dr. Pathak, Claimant's Exhibit 1, and as completely negative for small or large opacities of pneumoconiosis by Drs. Wheeler and Scott. Claimant's Exhibits 5, 7.

After considering both the quantity and the quality of the x-ray readings of record, the administrative law judge permissibly concluded that the preponderance of the negative x-ray interpretations for the existence of large opacities outweighed Dr. Cappiello's sole Category "A" reading, and that, therefore, claimant failed to establish the existence of complicated pneumoconiosis pursuant to 20 C.F.R. §718.304(a). *See Adkins v. Director, OWCP*, 958 F.2d 49, 52, 16 BLR 2-61, 2-66 (4th Cir. 1992); *Dempsey v. Sewell Coal Corp.*, 23 BLR 1-47, 1-65 (2004)(*en banc*); *Cranor v. Peabody Coal Co.*, 22 BLR 1-1, 1-7 (1999)(*en banc on recon.*); *see also Director, OWCP v. Greenwich Collieries* [*Ondecko*], 512 U.S. 267, 18 BLR 2A-1 (1994); Decision and Order at 5, 15. Claimant contends that the administrative law judge erred in crediting the reports (x-ray readings) of Drs. Scott and Wheeler, that claimant did not have complicated pneumoconiosis, because these doctors disagreed with the administrative law judge's finding that claimant had simple pneumoconiosis. Claimant's Brief at 7-8. Review of the record reveals no inconsistency in the administrative law judge's analysis. The administrative law judge found that the biopsy evidence established the existence of simple pneumoconiosis and that the x-ray evidence was inconclusive for the existence of simple pneumoconiosis. The doctor's reports were confined to statements that the x-ray

[3] The record contains an additional reading of the May 3, 2001 x-ray for quality only (Quality 1), by Dr. Barrett. Director's Exhibit 14.

[4] In order for x-ray evidence to constitute evidence of complicated pneumoconiosis, there must be a diagnosis of one or more large opacities (greater than one centimeter) classified as Category A, B, or C. 20 C.F.R. §718.304(a).

evidence did not indicate simple or complicated pneumoconiosis. Accordingly, their opinions did not conflict with either of the administrative law judge's findings: that the x-ray evidence did not establish simple pneumoconiosis, but the biopsy evidence did establish simple pneumoconiosis. Thus, claimant's allegation that the administrative law judge erred in crediting the negative x-ray readings for complicated pneumoconiosis of Drs. Scott and Wheeler is without merit. Therefore, as the administrative law judge considered all of the relevant x-ray evidence of record, taking into account both the quality and the quantity of the interpretations, we affirm, as supported by substantial evidence, the administrative law judge's finding that claimant failed to establish the existence of complicated pneumoconiosis pursuant to 20 C.F.R. §718.304(a). *See Island Creek Coal Co. v. Compton*, 211 F.3d 203, 208-09, 22 BLR 2-162, 2-169-70 (4th Cir. 2000).

Claimant next challenges the administrative law judge's evaluation of the biopsy evidence regarding the existence of complicated pneumoconiosis pursuant to 20 C.F.R. §718.304(b). The administrative law judge noted, correctly, that the record contains opinions from two Board-certified pathologists who interpreted slides prepared from a March 18, 2005 biopsy. Decision and Order at 6-7. Dr. Yadrandji, who performed the initial microscopic and macroscopic evaluation of the lung specimens, identified the presence of two "subpleural nodules measuring 0.3 cm to 0.5 cm" that he stated were "consistent with Coal Workers[']s Pneumoconiosis." Decision and Order at 6; Claimant's Exhibit 8. The administrative law judge also considered Dr. Caffrey's June 25, 2005 report, in which the physician reviewed Dr. Yadrandji's report, together with the pathology slides. Dr. Caffrey opined that the biopsy evidence revealed lesions of "two micronodules approximately 2 mm (0.2 cm) in size" and he concluded that claimant suffered from "[s]imple coal workers' pneumoconiosis, mild." Decision and Order at 7; Employer's Exhibit 13. Contrary to claimant's argument, the administrative law judge properly found that, while the biopsy evidence supported a finding of simple pneumoconiosis, neither Dr. Yadrandji nor Dr. Caffrey diagnosed the presence of complicated pneumoconiosis, progressive massive fibrosis, or massive lesions in the lungs. Decision and Order at 6-7. In addition, no physician of record opined that the lesions identified on biopsy would appear on x-ray as greater than one centimeter.[5] *See*

[5] The Fourth Circuit has held that 30 U.S.C. §921(c)(3), as implemented by 20 C.F.R. §718.304, requires that an equivalency determination be made. The statute requires, if diagnosis is by biopsy or autopsy, that a miner have "massive lesions," which are lesions that would show on an x-ray as opacities greater than one centimeter. *Director, OWCP v. Eastern Coal Corp.* [*Scarbro*], 220 F.3d 250, 256, 22 BLR 2-93, 2-100 (4th Cir. 2000); *Double B Mining, Inc. v. Blankenship*, 177 F.3d 240, 243, 22 BLR 2-554, 2-560-61 (4th Cir. 1999); *see also Perry v. Mynu Coals, Inc.*, 469 F.3d 360, 365, 23 BLR 2-374, 2-384-85 (4th Cir. 2006).

Scarbro, 220 F.3d at 256, 22 BLR at 2-100; *Blankenship*, 177 F.3d at 243, 22 BLR at 2-560-61; *Lester*, 993 F.2d at 1145, 17 BLR at 2-117; *Gollie v. Elkay Mining Co.*, 22 BLR 1-306, 1-311 (2003); *Braenovich v. Cannelton Industries*, 22 BLR 1-236, 1-239 (2003). We, therefore, affirm the administrative law judge's finding that the biopsy evidence did not support invocation of the irrebuttable presumption pursuant to 20 C.F.R §718.304(b), as it is supported by substantial evidence. *See Compton*, 211 F.3d at 208-09, 22 BLR at 2-169-70.

Claimant also challenges the administrative law judge's evaluation of the CT scan evidence pursuant to 20 C.F.R. §718.304(c), specifically asserting that, rather than determining whether the CT scans as a whole established the existence of complicated pneumoconiosis, the administrative law judge should have relied on the readings of the January 26, 2005 CT scan, and determined whether they supported Dr. Cappiello's Category "A" reading of the February 7, 2005 x-ray. Claimant's Brief 9-11. Claimant's argument is without merit.

In evaluating the CT scan evidence, the administrative law judge noted, correctly, that the record contains numerous conflicting interpretations of CT scans administered on August 23, 2001, November 6, 2001, November 4, 2002, September 18, 2003, February 25, 2004, and January 26, 2005. Decision and Order at 8; Claimant's Exhibits 1, 9-15; Employer's Exhibits 1, 7-9, 12, 17. The August 23, 2001, November 6, 2001, and November 4, 2002 CT scans were read as completely negative for both simple and complicated pneumoconiosis by Drs. Scott, Wheeler, and Scatarige, who are Board-certified radiologists and B readers. Employer's Exhibit 1. The September 18, 2003 CT scan was read as completely negative for simple and complicated pneumoconiosis by Drs. Scott, Wheeler, and Scatarige, but was interpreted as revealing small opacities of pneumoconiosis, approaching one centimeter, by Dr. Cappiello, who is also a Board-certified radiologist and B reader, and as revealing a one-centimeter density, consistent with complicated pneumoconiosis, by Dr. Ahmed, a similarly qualified, Board-certified radiologist and B reader. Claimant's Exhibits 13, 15. The CT scan dated February 25, 2004 was also read as completely negative for small or large opacities of pneumoconiosis by Drs. Scott, Wheeler, and Scatarige. The same CT scan was interpreted as revealing small nodular densities of pneumoconiosis, some approaching one centimeter, by Dr. Miller, a Board-certified radiologist and B reader, and as revealing multiple small opacities of pneumoconiosis and one large opacity, greater than one centimeter, consistent with complicated pneumoconiosis, Category "A," by Dr. Ahmed. Claimant's Exhibits 11, 12. Finally, the CT scan dated January 26, 2005 was read as completely negative for pneumoconiosis by Drs. Scott and Scatarige, but was read as revealing multiple small opacities of pneumoconiosis and one large opacity, greater than one centimeter, consistent with complicated pneumoconiosis, Category "A," by Dr. Raskin, a Board-certified radiologist, and by Drs. Ahmed and Cappiello. Claimant's Exhibits 1, 9, 10.

Contrary to claimant's contention, the administrative law judge was not required to confine his evaluation of the CT scan evidence to the readings of the most recent scan, as "a bare appeal to recency is an abdication of rational decisionmaking." *Allen v. Director, OWCP*, 69 F.3d 532, 20 BLR 2-97, 2-101 (4th Cir. 1995) (table); *Thorn v. Itmann Coal Co.*, 3 F.3d 713, 718, 18 BLR 2-16, 2-23 (4th Cir. 1993). Moreover, in weighing the contrary CT scan evidence, the administrative law judge permissibly concluded that, as all of the readings were by similarly highly qualified readers, and as both the earlier and more recent CT scans resulted in conflicting readings for both simple and complicated pneumoconiosis, the CT scan evidence neither precluded, nor established, the presence of either simple or complicated pneumoconiosis. *See Adkins*, 958 F.2d at 52, 16 BLR at 2-66; *Dempsey*, 23 BLR at 1-65; *Cranor*, 22 BLR at 1-7; Decision and Order at 8. We further reject, for the reasons set forth above, claimant's additional assertion that the administrative law judge was required to discredit the negative CT scan readings of Drs. Wheeler and Scatarige, as contrary to the administrative law judge's finding that the biopsy evidence established the existence of simple pneumoconiosis. We therefore affirm, as supported by substantial evidence, the administrative law judge's finding that the CT scan evidence neither precluded nor established complicated pneumoconiosis pursuant to 20 C.F.R. §718.304(c).

Further, there is no merit to claimant's assertion that the administrative law judge applied an improper standard in his evaluation of the medical opinion evidence regarding the existence of complicated pneumoconiosis pursuant to 20 C.F.R. §718.304(c). Specifically, claimant contends that the administrative law judge erred in failing to consider that Drs. Rasmussen, Zaldivar, Branscomb, and Fino did not deny the existence of the Category "A" opacity identified by Dr. Cappiello on his February 7, 2005 x-ray reading. Contrary to claimant's argument, the introduction of legally sufficient evidence of complicated pneumoconiosis does not automatically qualify a claimant for the irrebuttable presumption found at 20 C.F.R. §718.304. Rather, "claimant retains the burden of proving the existence of" complicated pneumoconiosis. *Lester,* 993 F.2d at 1145, 17 BLR at 2-117.

Here, the administrative law judge properly determined that, as none of the physicians of record diagnosed the existence of complicated pneumoconiosis, claimant failed to meet his burden to establish the existence of the disease through the medical opinion evidence. We, therefore, reject claimant's argument that the administrative law judge applied an improper standard in evaluating the medical opinion evidence pursuant to 20 C.F.R. §718.304(c).

Claimant next contends that, after determining whether the evidence in each category under 20 C.F.R. §718.304(a)-(c) tended to establish the existence of complicated pneumoconiosis, the administrative law judge failed to weigh together all relevant evidence, as required by 30 U.S.C. §923(b). Claimant's Brief at 11. Contrary to

claimant's contention, in finding that claimant failed to establish the existence of complicated pneumoconiosis, the administrative law judge initially accorded greater weight to the biopsy evidence, which established only the existence of simple pneumoconiosis, than to the inconclusive CT scan evidence, Decision and Order at 8, 15, and ultimately concluded that "[t]he presumption under §718.304 does not apply because Dr. Cappiello's x-ray finding of *complicated* pneumoconiosis is outweighed by the clear preponderance of the x-ray evidence; the biopsy evidence establishes only *simple* pneumoconiosis; and, the preponderance of better reasoned and documented medical opinion evidence is negative for *complicated* pneumoconiosis." Decision and Order at 15.

Because the administrative law judge properly considered all of the relevant evidence together pursuant to 20 C.F.R. §718.304(a)-(c), and permissibly concluded that claimant failed to establish the existence of complicated pneumoconiosis by a preponderance of the probative evidence, we affirm the administrative law judge's finding that claimant was not entitled to invocation of the irrebuttable presumption of total disability due to pneumoconiosis at 20 C.F.R. §718.304. *See Scarbro*, 220 F.3d at 250, 22 BLR at 2-93; *Braenovich*, 22 BLR at 1-245.

Finally, claimant asserts that the administrative law judge erred in his evaluation of the medical opinion evidence relevant to the issue of total disability pursuant to 20 C.F.R. §718.204(b)(2)(iv). Specifically, claimant contends that the administrative law judge failed to give greater weight to the opinions of claimant's treating physicians, Drs. Vardan and Cardona, that claimant's coal worker's pneumoconiosis contributed to atrial fibrillation, which resulted in shortness of breath and impairment for work. We disagree.

In evaluating the evidence pursuant to 20 C.F.R. §718.204(b)(2), the administrative law judge initially found, correctly, that all of the pulmonary function and blood gas studies of record are non-qualifying, pursuant to 20 C.F.R. §718.204(b)(2)(i), (ii).[6] The administrative law judge further found that, while the record reflects that claimant suffers from atrial fibrillation, a heart condition, there is no evidence that claimant suffers from cor pulmonale with right-sided congestive heart failure pursuant to 20 C.F.R. §718.204(b)(2)(iii). Finally, considering the medical opinion evidence pursuant to 20 C.F.R. §718.204(b)(2)(iv), the administrative law judge properly noted that Drs. Vardan and Cardona had treated claimant for many years, and fully considered their opinions that claimant suffers from pulmonary disease and dysfunction, due to his

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

atrial fibrillation. Claimant's Exhibits 5, 6, 17, 18; Decision and Order at 10-11, 16-17. Contrary to claimant's arguments, however, the administrative law judge permissibly accorded greater weight to the contrary opinions of Drs. Rasmussen, Zaldivar, Branscomb, and Fino, that claimant is not disabled by any pulmonary or respiratory condition, because he found their opinions to be better reasoned, better documented, and better supported by the objective evidence of record.[7] 20 C.F.R. §718.104(d)(5); *see Compton*, 211 F.3d at 211, 22 BLR at 2-175; *Underwood v. Elkay Mining, Inc.*, 105 F.3d 946, 951, 21 BLR 2-23, 2-31-32 (4th Cir. 1997); *Trumbo v. Reading Anthracite Co.*, 17 BLR 1-85, 1-88-89 and n.4 (1993); *Clark v. Karst-Robbins Coal Co.*, 12 BLR 1-149, 1-155 (1989)(*en banc*).

The administrative law judge is empowered to weigh the medical evidence and to draw his own inferences therefrom, *Grizzle v. Pickands Mather & Co.*, 994 F.2d 1093, 1096, 17 BLR 2-123, 2-126 (4th Cir. 1993), and the Board may not reweigh the evidence or substitute its own inferences on appeal. *Piney Mountain Coal Co. v. Mays*, 176 F.3d 753, 21 BLR 2-587 (4th Cir. 1999); *Clark*, 12 BLR at 1-155. As they are supported by substantial evidence, we affirm the administrative law judge's findings that claimant did not establish either the existence of complicated pneumoconiosis pursuant to 20 C.F.R. §718.304(a)-(c), or that he is totally disabled pursuant to 20 C.F.R. §718.204(b). Therefore, we affirm the administrative law judge's denial of benefits.

[7] As the administrative law judge law judge has provided an independently affirmable basis for crediting the opinions of Drs. Zaldivar, Fino, Rasmussen, and Branscomb over the contrary opinions of Drs. Cardona and Vardan, *i.e.*, that their opinions are better reasoned and documented and better supported by the underlying documentation, we need not address claimant's additional contention that the administrative law judge erred in failing to find Dr. Cardona's credentials to be comparable to those of a Board-certified pulmonologist, based on his extensive experience. *See Kozele v. Rochester & Pittsburgh Coal Co.*, 6 BLR 1-378, 1-382, 1-383 n. 4 (1983); *see also Larioni v. Director, OWCP*, 6 BLR 1-1276 (1985).

Accordingly, the administrative law judge's Decision and Order – Denying Benefits 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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JUDITH S. BOGGS
Administrative Appeals Judge