BRB No. 09-0147 BLA

J.G.	)	
	)	
Claimant-Respondent	)	
	)	
v.	)	
	)	
QUARTO MINING COMPANY	)	
	)	DATE ISSUED: 10/29/2009
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 Richard A. Morgan, Administrative Law Judge, United States Department of Labor.

Roger D. Forman (Forman & Huber, LC), Charleston, West Virginia, for claimant.

Ann B. Rembrandt (Jackson Kelly PLLC), Charleston, West Virginia, for employer.

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

PER CURIAM:

Employer appeals the Decision and Order – Awarding Benefits (2007-BLA-6007) of Administrative Law Judge Richard A. Morgan, on a claim filed on November 7, 2006, 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). After crediting claimant with at least thirty-five years of coal mine employment, the administrative law judge adjudicated this claim pursuant to the regulations contained in 20 C.F.R. Part 718. The administrative law judge concluded that claimant established the existence of legal pneumoconiosis arising out of coal mine employment pursuant to 20 C.F.R. §§718.202(a)(4), 718.203(b), and

that he is totally disabled by legal pneumoconiosis pursuant to 20 C.F.R. §718.204(b)(2), (c). Accordingly, the administrative law judge awarded benefits.

On appeal, employer argues that the administrative law judge's decision to discredit the opinions of Drs. Castle and Zaldivar regarding the existence of legal pneumoconiosis pursuant to 20 C.F.R. §718.202(a)(4) and total disability causation pursuant to 20 C.F.R. §718.204(c), is not supported by substantial evidence.[1] Claimant responds, urging affirmance of the award of benefits. The Director, Office of Workers' Compensation Programs, has not filed a response brief in this appeal.[2]

The Board's scope of review is defined by statute. The administrative law judge's Decision and Order must be affirmed if it is supported by substantial evidence, is rational, and is in accordance with applicable law.[3] 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).

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. 20 C.F.R. §§718.3, 718.202, 718.203, 718.204; *Gee v. W.G. Moore & Sons*, 9 BLR 1-4 (1986)(*en banc*). Failure to establish any one of these elements precludes entitlement. *See Trent v. Director, OWCP*, 11 BLR 1-26 (1987); *Perry v. Director, OWCP*, 9 BLR 1-1 (1986)(*en banc*).

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[1] On December 16, 2008, employer filed an appeal contesting the Attorney Fee Order issued by the administrative law judge on November 19, 2008. In an Order dated June 3, 2009, we dismissed this appeal as abandoned, pursuant to 20 C.F.R. §802.402, because employer failed to respond to the Order directing it to show cause or to file a pleading. [*J.G.*] *v. Quarto Mining Co*., BRB No. 09-0147 BLA (June 3, 2009) (unpub. Order).

[2] We affirm, as unchallenged by the parties on appeal, the administrative law judge's findings that the existence of pneumoconiosis was not established at 20 C.F.R. §718.202(a)(1)-(3), and that claimant is totally disabled from a pulmonary or respiratory impairment pursuant to 20 C.F.R. §718.204(b). *Skrack v. Island Creek Coal Co*., 6 BLR 1-710 (1983).

[3] The record reflects that claimant's last eleven years of coal mine employment were in Ohio. Director's Exhibit 4; Hearing Transcript at 17-18. Accordingly, the Board will apply the law of the United States Court of Appeals for the Sixth Circuit. *See Shupe v. Director, OWCP*, 12 BLR 1-200 (1989)(*en banc*).

In evaluating the issues of legal pneumoconiosis at 20 C.F.R. §718.202(a)(4) and total disability causation at 20 C.F.R. §718.204(c), the administrative law judge considered the medical opinions of Drs. Rasmussen, Cohen, Zaldivar and Castle. Dr. Rasmussen, who is Board-certified in Internal Medicine and Forensic Medicine, examined claimant at the request of the Department of Labor on February 1, 2007, and submitted Form CM-988, as well as a typewritten report. Director's Exhibit 10. Dr. Rasmussen diagnosed coal workers' pneumoconiosis (CWP), based on claimant's over thirty-five years of coal mine employment and x-ray evidence. Dr. Rasmussen also determined that claimant has chronic obstructive pulmonary disease (COPD) and emphysema, based upon the "severe, irreversible obstructive ventilatory impairment," and reduced single breath diffusing capacity revealed on claimant's pulmonary function study (PFS). *Id*. Dr. Rasmussen indicated that claimant's CWP is due to coal mine dust exposure, and his COPD and emphysema are due to coal dust exposure and smoking. *Id*. Dr. Rasmussen also stated that "[e]pidemiologic studies confirm that smoking and coal mine dust cause chronic obstructive lung disease and their effects are quite independent of one another, but they are additive." *Id*. Dr. Rasmussen further stated, "in contrast to smoking cessation, which usually results in no further loss of lung function, the effect of coal mine dust in susceptible individuals persists and the process of lung destruction continues indefinitely following exposure." *Id*.

Dr. Cohen, who is Board-certified in Internal Medicine and Pulmonary Disease, submitted a report, dated January 14, 2008, based on an examination of claimant and a review of medical data, including the opinions of Drs. Castle, Zaldivar, and Rasmussen. Claimant's Exhibit 4. Dr. Cohen determined that claimant suffers from CWP, based on his over thirty-five years of coal mine employment with significant coal dust exposure, symptoms of chronic lung disease, and pulmonary function testing. He also found that claimant's tobacco smoke exposure contributed to claimant's chronic lung disease and severe obstructive defect. *Id*. Dr. Cohen also indicated that "[a] negative interpretation of [claimant's] chest imaging would not change my opinion that [claimant] has clinical and physiologic evidence of pneumoconiosis." *Id*.

In his deposition testimony on January 18, 2008, Dr. Cohen reiterated his determination that claimant has severe COPD caused by coal dust exposure and smoking. Claimant's Exhibit 7 at 20-21. On cross-examination, Dr. Cohen acknowledged that he did not personally examine the original x-rays, which "would put [him] at a little bit of a disadvantage." *Id*. at 33. In addition, Dr. Cohen was unable to recall some of the details of at least two of the medical publications cited in his report. *Id*. at 41-42, 57.

In a report dated May 23, 2007, Dr. Zaldivar, a Board-certified pulmonologist, examined claimant and reviewed the medical evidence. Employer's Exhibit 1. Dr. Zaldivar further noted that claimant had a high carboxyhemoglobin value, severe irreversible airway obstruction with restriction of vital capacity, hyperinflation by lung

volumes with air trapping, severe diffusion impairment, and resting hypoxemia. *Id*. Dr. Zaldivar concluded that since claimant did not have radiographic evidence of pneumoconiosis, "the dust burden of his lungs is very low and incapable itself to produce [the] severe damage," exhibited on claimant's PFS. *Id*. Dr. Zaldivar also mentioned claimant's history of asthma and asserted, "[i]ndividuals who have asthma and smoke are far more likely to develop crippling emphysema." *Id*.

In his deposition testimony on January 23, 2008, Dr. Zaldivar reiterated that claimant's lung disease is due to smoking and asthma, rather than coal dust exposure. Employer's Exhibit 4 at 12-22, 28-29. On cross-examination, Dr. Zaldivar agreed that claimant has a "pure obstruction," which is "consistent with CWP based on the testing alone . . . ." *Id*. at 36-37. Dr. Zaldivar also stated that the lack of x-ray evidence of pneumoconiosis was just one reason that he excluded coal dust as a cause of claimant's impairment, but that it is a "very important piece of evidence." *Id*. at 48-49.

Dr. Castle, who is Board-certified in Internal Medicine and Pulmonary Disease, issued a report, dated October 31, 2007, based on a review of the medical evidence, including the medical reports of Drs. Zaldivar and Rasmussen. Employer's Exhibit 3. Dr. Castle also determined that claimant has findings consistent with severe airway obstruction, but no physical findings indicating that he has an interstitial pulmonary process. He further found that there is no radiographic evidence of CWP, but that the x-rays revealed findings consistent with bullous emphysema. *Id*. Based on claimant's "significant improvement in the forced vital capacity after bronchodilators," demonstrated on the PFS performed by Dr. Zaldivar, Dr. Castle indicated that claimant has an airway obstruction, with bullous emphysema and an asthmatic component, caused by smoking. *Id*. Dr. Castle indicated that he based his conclusion on his belief that an impairment caused by CWP is generally a mixed, irreversible obstructive and restrictive ventilatory defect, which he determined was not evident in claimant's case. *Id*.

The administrative law judge initially noted that, although Drs. Cohen, Zaldivar, and Castle are Board-certified pulmonary specialists, while Dr. Rasmussen is not, "the relative pulmonary qualifications of the . . . physicians are not determinative," because Dr. Rasmussen has credentials, that are "roughly equivalent to those of Board-certified pulmonary specialists." Decision and Order at 14. The administrative law judge then determined that Dr. Castle's opinion is entitled to the "least weight," because he relied on a selective analysis of the evidence and his conclusion was contrary to the medical literature he referenced. *Id*. The administrative law judge emphasized that, despite having reviewed Dr. Rasmussen's diagnosis of a "severe, irreversible obstructive ventilatory impairment" and Dr. Zaldivar's report detailing a "[s]evere irreversible airway obstruction with restriction of vital capacity," Dr. Castle found a "significant improvement in the forced vital capacity after bronchodilators" in the PFS administered by Dr. Zaldivar. *Id*. The administrative law judge noted that Dr. Castle then cited the

reversibility of claimant's impairment in support of his conclusion that it is not due to pneumoconiosis. *Id*.

Next, the administrative law judge discussed Dr. Castle's opinion, that "[w]hen CWP causes impairment, it generally does so by causing a mixed, irreversible obstructive and restrictive ventilatory defect." Decision and Order at 14. Based upon Dr. Zaldivar's statement that claimant has a "[s]evere irreversible airway obstruction with restriction of vital capacity," the administrative law judge determined that Dr. Zaldivar's findings appeared to meet Dr. Castle's criteria for the mixed impairment caused by CWP. *Id*. at 14-15. Further, the administrative law judge commented that Dr. Castle's criteria regarding the type of impairment caused by CWP is not consistent with the regulatory definition of legal pneumoconiosis, which includes "any chronic restrictive *or* obstructive pulmonary disease arising out of coal mine employment." *Id*. at 15, *quoting* 20 C.F.R. §718.202(a)(2) (emphasis added). Concerning Dr. Castle's determination that claimant's disability is due to "tobacco smoke induced bullous emphysema with an asthmatic component," the administrative law judge found that the x-ray evidence does not support a finding of bullous emphysema, as Dr. Rasmussen is the only B reader who interpreted a film as showing this condition. *Id*.

Regarding Dr. Zaldivar's opinion, the administrative law judge was "troubled" by his observation that the lack of x-ray evidence of pneumoconiosis meant that the dust burden in claimant's lungs could not have produced the severe lung damage evident from the PFS. Decision and Order at 15. While the administrative law judge did not find that this observation conflicted with the Act or regulations, he found that it "suggests that Dr. Zaldivar's opinion relies unduly on the x-ray evidence." *Id*. The administrative law judge also determined that Dr. Zaldivar's opinion is "somewhat inconsistent," because in his report he stated that claimant had a severe irreversible airway obstruction with restriction of vital capacity but, at the deposition, he stated that claimant's impairment is purely obstructive. *Id*.

In comparison, the administrative law judge found "that Dr. Cohen's opinion, as buttressed by that of Dr. Rasmussen, is better reasoned and documented because it is more consistent with [c]laimant's . . . coal mine dust exposure and . . . *irreversible*, totally disabling pulmonary and respiratory impairment; and the latent nature of pneumoconiosis." Decision and Order at 15 (emphasis in original). The administrative law judge determined, therefore, that claimant established the existence of legal pneumoconiosis pursuant to 20 C.F.R. §718.202(a)(4). *Id*.

The administrative law judge relied upon his discussion of total disability causation, within his findings regarding the existence of legal pneumoconiosis at 20 C.F.R. §718.202(a)(4), in determining that he "accord[ed] the most weight to Dr. Cohen's opinion, as buttressed by Dr. Rasmussen, which establishes total disability due to

pneumoconiosis within the meaning of [20 C.F.R.] §718.204(c)." Decision and Order at 17.

Employer contends that the administrative law judge erred in discrediting the opinions of Drs. Castle and Zaldivar, and in determining that Drs. Cohen and Rasmussen provided reasoned and documented diagnoses of legal pneumoconiosis and total disability due to pneumoconiosis. Upon consideration of the administrative law judge's Decision and Order, the evidence of record, and employer's arguments on appeal, we affirm the administrative law judge's findings at 20 C.F.R. §§718.202(a)(4), 718.204(c) as they are rational and supported by substantial evidence. As addressed more specifically *infra*, the majority of employer's arguments focus on its disagreement with the credibility determinations of the administrative law judge. However, the United States Court of Appeals for the Sixth Circuit has held that, because it is for the administrative law judge, as fact-finder, to render credibility determinations and decide whether a doctor's opinion is sufficiently reasoned, the reviewing authority is required to defer to the administrative law judge's assessment of a physician's credibility. *See Jericol Mining, Inc. v. Napier*, 301 F.3d 703, 22 BLR 2-537 (6th Cir. 2002); *Wolf Creek Collieries v. Director, OWCP [Stephens]*, 298 F.3d 511, 22 BLR 2-494 (6th Cir. 2002); *Peabody Coal Co. v. Groves*, 277 F.3d 829, 22 BLR 2-320 (6th Cir. 2002), *cert. denied*, 537 U.S. 1147 (2003).

With respect to the administrative law judge's consideration of Dr. Castle's opinion, employer asserts that the administrative law judge erred in finding that Dr. Castle relied on a selective analysis of the medical evidence that he reviewed. This argument is without merit. The administrative law judge acted within his discretion, as fact-finder, in determining that the credibility of Dr. Castle's opinion was diminished because his conclusion, that the PFS performed by Dr. Zaldivar showed significant improvement in claimant's forced vital capacity after the application of bronchodilators, conflicted with Dr. Zaldivar's statement that the PFS demonstrated a severe, irreversible obstructive impairment. *See Napier*, 301 F.3d at 713-714, 22 BLR at 2-553; *Stephens*, 298 at 522, 22 BLR at 2-513; *Groves*, 277 F.3d at 836, 22 BLR at 2-325; Decision and Order at 14; Employer's Exhibit 3. The administrative law judge also rationally found that Dr. Rasmussen's statement that the PFS he obtained from claimant, which Dr. Castle reviewed, was consistent with a severe, irreversible obstructive impairment, undermined the credibility of Dr. Castle's opinion. *See Napier*, 301 F.3d at 713-714, 22 BLR at 2-553; *Stephens*, 298 at 522, 22 BLR at 2-513; *Groves*, 277 F.3d at 836, 22 BLR at 2-325; Decision and Order at 14; Director's Exhibit 10.

In addition, contrary to employer's contention, the administrative law judge did not find Dr. Castle's opinions regarding pneumoconiosis and total disability causation to be hostile to the Act, or regulations, based on Dr. Castle's belief that CWP generally presents with a mixed impairment, while the statutory definition of pneumoconiosis

includes restrictive or obstructive pulmonary disease. Rather, the administrative law judge permissibly determined that Dr. Castle's opinion was entitled to less weight, as the definition of legal pneumoconiosis "is not limited to Dr. Castle's criteria." *Cornett v. Benham Coal, Inc.*, 227 F.3d 569, 22 BLR 2-107 (6th Cir. 2000); *see also Consolidation Coal Co. v. Director, OWCP* [*Beeler*], 521 F.3d 723, 24 BLR 2-97 (7th Cir. 2008); *Lewis Coal Co. v. Director, OWCP* [*McCoy*], 373 F.3d 570, 23 BLR 2-184 (4th Cir. 2004); Decision and Order at 15.

Further, employer is incorrect in asserting that the administrative law judge erred in finding that Dr. Castle's attribution of claimant's obstructive pulmonary impairment to bullous emphysema, was contrary to the evidence of record. After considering the evidence in the record pertaining to bullous emphysema, the administrative law judge rationally determined that the weight of the evidence did not establish the presence of this condition, as Dr. Rasmussen was the only B reader who made such a finding. *See Staton v. Norfolk & Western Railroad Co.*, 65 F.3d 55, 19 BLR 2-271 (6th Cir. 1995); *Woodward v. Director, OWCP*, 991 F.2d 314, 17 BLR 2-77 (6th Cir. 1993); Decision and Order at 15. Consequently, the administrative law judge permissibly gave less weight to Dr. Castle's opinion because he relied, in part, on x-ray evidence of bullous emphysema in forming his opinion. *See Napier*, 301 F.3d at 713-714, 22 BLR at 2-553; *Groves*, 277 F.3d at 836, 22 BLR at 2-325. We affirm, therefore, the administrative law judge's decision to discredit Dr. Castle's opinion under 20 C.F.R. §§718.202(a)(4) and 718.204(c).[4]

[4] Employer alleges correctly that the administrative law judge erred in determining that Dr. Zaldivar diagnosed a restrictive impairment because he noted that claimant's pulmonary function study (PFS) showed restriction of his vital capacity. Decision and Order at 15; Employer's Exhibit 1. Employer states accurately that "[a] restrictive impairment is diagnosed by a reduction of the *total lung capacity* on the lung volumes." Employer's Brief at 12 (emphasis added); *see* Johns Hopkins School of Medicine, *Interactive Respiratory Physiology* (Oct. 26, 2009), *available at* http://oac.med.jhmi.edu/res_phys/Encyclopedia/RestrictVentDefect.HTML. Moreover, in his deposition testimony, Dr. Cohen indicated that the PFS performed by Dr. Zaldivar showed that claimant had an obstructive impairment, rather than a restrictive impairment. Claimant's Exhibit 7 at 19-20. Therefore, Dr. Zaldivar's opinion does not support the administrative law judge's statement that "[s]uch a finding appears to meet Dr. Castle's criteria in which pneumoconiosis causes a mixed, irreversible obstructive and restrictive ventilatory defect." Decision and Order at 15. However, because the administrative law judge provided valid alternative rationales for according little weight to Dr. Castle's opinion, remand is not required. *See Searls v. Southern Ohio Coal Co.*, 11 BLR 1-161 (1988); *Kozele v. Rochester & Pittsburg Coal Co.*, 6 BLR 1-378 (1983).

We also affirm the administrative law judge's determination that Dr. Zaldivar's opinion was entitled to little weight pursuant to 20 C.F.R. §§718.202(a)(4) and 718.204(c). As an initial matter, the administrative law judge's finding, that Dr. Zaldivar "relie[d] unduly on the x-ray evidence," is supported by substantial evidence in light of Dr. Zaldivar's statement that the absence of x-ray findings of pneumoconiosis was a "very important piece of evidence." *See Cornett*, 227 F.3d at 576, 22 BLR at 2-123; Decision and Order at 15. The administrative law judge also acted within his discretion in finding that this detracted from the credibility of Dr. Zaldivar's opinion, as 20 C.F.R. §718.202(a)(4) provides that a physician may determine that a miner suffers from pneumoconiosis "notwithstanding a negative [x]-ray[.]" 20 C.F.R. §718.202(a)(4). The administrative law judge's credibility finding is further supported by the fact that Dr. Zaldivar's conclusion, that there was no x-ray evidence of pneumoconiosis, conflicts with the administrative law judge's unchallenged determination that the x-ray evidence relevant to the existence of pneumoconiosis was in equipoise. Decision and Order at 4-5; Employer's Exhibits 1, 4 at 28-29. We hold, therefore, that the administrative law judge acted within his discretion in according less weight to Dr. Zaldivar's opinion.[5] *See Napier*, 301 F.3d at 713-714, 22 BLR at 2-553; *Groves*, 277 F.3d at 836, 22 BLR at 2-325.

Employer further argues that the administrative law judge erred in finding that "Dr. Cohen's opinion, as buttressed by that of Dr. Rasmussen, is better reasoned and documented, because it is more consistent with [c]laimant's 35+ years of coal mine dust exposure and [c]laimant's irreversible, totally disabling pulmonary and respiratory impairment; and, the latent nature of pneumoconiosis." Decision and Order at 15. Employer maintains that the opinions of Drs. Cohen and Rasmussen cannot be better reasoned and documented, as the opinions of Drs. Castle and Zaldivar take into account claimant's occupational history and the nature of his pulmonary impairment. Employer also maintains that none of the physicians relied upon the latency of pneumoconiosis in rendering their opinions.

Employer's allegations are without merit, as they primarily constitute a request that the Board substitute its credibility determinations for those of the administrative law

[5] As discussed *supra*, the administrative law judge erred in determining that Dr. Zaldivar's finding of a severe irreversible airway obstruction with restriction of vital capacity was the same as diagnosing a restrictive impairment. As a result, Dr. Zaldivar's report is not inconsistent with his deposition testimony that claimant suffers from a purely obstructive impairment. Employer's Exhibits 1, 4 at 36. Because the administrative law judge provided valid alternative rationales for according little weight to Dr. Zaldivar's opinion, however, remand is not required. *See Searls*, 11 BLR at 1-164; *Kozele*, 6 BLR at 1-382-83 n.4.

judge – a function that the Sixth Circuit has held the reviewing authority cannot perform. *See Napier*, 301 F.3d at 713-714, 22 BLR at 2-553; *Groves*, 277 F.3d at 836, 22 BLR at 2-325. In addition, employer is incorrect in stating that none of the physicians considered this factor in forming his opinion. Specifically, Dr. Rasmussen stated that "the effect of coal mine dust in susceptible individuals persists and the process of lung destruction continues indefinitely following exposure." Director's Exhibit 10. In addition, Dr. Cohen stated ". . . nor will I discount his coal mine dust exposure which is significant and which is retained in the lung and can actually cause even worse impairment after exposure ceases." Claimant's Exhibit 7 at 54.

We also reject employer's contention that the administrative law judge's finding, that the opinions of Drs. Cohen and Rasmussen are entitled to greater weight because they are more consistent with the irreversible, totally disabling nature of claimant's impairment, is not supported by the record. The administrative law judge noted correctly that Drs. Zaldivar and Rasmussen described the PFSs that they obtained as showing an irreversible, totally disabling respiratory impairment. Decision and Order 14; Director's Exhibit 10; Employer's Exhibits 1, 4 at 19-20.

In addition, employer's contention that the administrative law judge failed to discount the opinions of Drs. Cohen and Rasmussen because, in contrast to the administrative law judge's finding at 20 C.F.R. §718.202(a)(1), they found claimant had radiographic evidence of pneumoconiosis, is without merit. As indicated previously, the administrative law judge determined that the x-ray evidence was in equipoise. Decision and Order at 4-5. Moreover, employer's assertion concerns the existence of clinical, rather than legal, pneumoconiosis, which is not at issue in the instant appeal.

Finally, employer alleges that Dr. Cohen's opinion is entitled to less weight because he did not have an accurate understanding of the extent of claimant's coal dust exposure and was unfamiliar with the specific details of some of the medical literature cited in his report. Contrary to employer's contentions, Dr. Cohen based his opinion regarding claimant's coal mine employment history on information acquired from claimant regarding the length and nature of his exposure to coal dust. Claimant's Exhibits 4, 7 at 13-16. In his report, Dr. Cohen stated that claimant had "[thirty-five and a half] years of coal mining experience," and, in his deposition, he clarified that, while claimant worked in the mines for thirty-five and a half years, claimant's work intensity and exposure resulted in the equivalent of approximately forty-one and a half years of coal mine employment. *Id*. Further, Dr. Cohen's opinion regarding claimant's coal dust exposure history is consistent with the administrative law judge's finding of at least thirty-five years of coal mine employment. Decision and Order at 3. Although employer is correct that Dr. Cohen stated that he was unfamiliar with some of the specific details regarding the medical literature cited in his report, the administrative law judge was not

required to discredit Dr. Cohen's opinion on that basis. *See Napier*, 301 F.3d at 713-714, 22 BLR at 2-553; *Groves*, 277 F.3d at 836, 22 BLR at 2-325; Decision and Order at 12.

Therefore, we affirm, as supported by substantial evidence, the administrative law judge's decision to give greater weight to the opinion of Dr. Cohen, as supported by the opinion of Dr. Rasmussen, on the basis that it is better reasoned and documented. Because we have affirmed the administrative law judge's credibility determinations regarding Drs. Castle, Zaldivar, Cohen and Rasmussen, we further affirm the administrative law judge's conclusion that claimant met his burden of establishing the existence of pneumoconiosis at 20 C.F.R. §718.202(a)(4) and total disability causation at 20 C.F.R. §718.204(c). As a result, we affirm the award of benefits. *See Trent*, 11 BLR at 1-27; *Perry*, 9 BLR at 1-2.

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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ROY P. SMITH
Administrative Appeals Judge

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BETTY JEAN HALL
Administrative Appeals Judge