

BRB No. 13-0511 BLA

BARBARA BARKER)	
(Widow of CARLOS BARKER))	
)	
Claimant-Petitioner)	
)	
v.)	
)	
ARCH OF WEST VIRGINIA)	DATE ISSUED: 06/06/2014
)	
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 Richard A. Morgan, Administrative Law Judge, United States Department of Labor.

Leonard Stayton, Inez, Kentucky, for claimant.

Christopher M. Green (Jackson Kelly PLLC), Charleston, West Virginia, for employer.

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

PER CURIAM:

Claimant appeals the Decision and Order Denying Benefits (2012-BLA-5224) of Administrative Law Judge Richard A. Morgan on a survivor's claim¹ filed on April 1,

¹ Claimant is the widow of the miner, who died on October 26, 2010. Director's Exhibit 11. The miner's last claim for benefits, filed on January 9, 2007, was denied by Administrative Law Judge Adele Higgins Odegard on August 19, 2008. The denial of the miner's claim was affirmed by the Board. *Barker v. Arch of West Virginia/Apogee Coal Co.*, BRB Nos. 09-0945 BLA and 09-0945 BLA-A (Mar. 12, 2010)(unpub.).

2011, pursuant to the provisions of the Black Lung Benefits Act, as amended, 30 U.S.C. §§901-944 (2012)(the Act). The administrative law judge found that, because claimant failed to establish that the miner had complicated pneumoconiosis pursuant to 20 C.F.R. §718.304, she was not entitled to the irrebuttable presumption that the miner's death was due to pneumoconiosis at Section 411(c)(3) of the Act.² 30 U.S.C. §921(c)(3). Next, the administrative law judge found that claimant was entitled to invocation of the rebuttable presumption that the miner's death was due to pneumoconiosis at amended Section 411(c)(4) of the Act, 30 U.S.C. §921(c)(4), because the miner had sixteen years of underground coal mine employment and a totally disabling respiratory impairment pursuant to 20 C.F.R. §718.204(b)(2).³ The administrative law judge found, however, that the presumption was rebutted because employer, although it did not disprove the existence of pneumoconiosis, established that the miner's death did not arise out of, or in connection with, his coal mine employment. Accordingly, the administrative law judge denied benefits.

On appeal, claimant asserts that the administrative law judge erred in finding that the evidence failed to establish the existence of complicated pneumoconiosis and that she was not, therefore, entitled to invocation of the irrebuttable presumption that the miner's

² Under Section 411(c)(3) of the Act, 30 U.S.C. §921(c)(3), and its implementing regulation, 20 C.F.R. §718.304, there is an irrebuttable presumption that a miner's death was due to pneumoconiosis if the miner was suffering from a chronic dust disease of the lung which (a) when diagnosed by x-ray, yields one or more opacities greater than one centimeter in diameter that would be classified as Category A, B, or C; (b) when diagnosed by biopsy or autopsy, yields massive lesions in the lung; or (c) when diagnosed by other means, would be a condition that could reasonably be expected to yield a result equivalent to (a) or (b). *See E. Assoc. Coal Corp. v. Director, OWCP [Scarbro]*, 220 F.3d 250, 22 BLR 2-93 (4th Cir. 2000).

³ Congress enacted amendments to the Act, which apply to claims filed after January 1, 2005, that were pending on or after March 23, 2010. Relevant to this case, amended Section 411(c)(4) provides a rebuttable presumption that the miner's death was due to pneumoconiosis if claimant establishes that the miner had at least fifteen years of underground coal mine employment, or coal mine employment in conditions substantially similar to those in an underground mine, and suffered from a totally disabling respiratory or pulmonary impairment. 30 U.S.C. §921(c)(4). To rebut the presumption at amended Section 411(c)(4), employer must establish either that the miner did not have clinical and legal pneumoconiosis, or that his death did not arise out of, or in connection with, his coal mine employment. 30 U.S.C. §921(c)(4); *see Copley v. Buffalo Mining Co.*, 25 BLR 1-81, 1-89 (2012); *see also Barber v. Director, OWCP*, 43 F.3d 899, 901, 19 BLR 2-61, 2-67 (4th Cir. 1995); *Rose v. Clinchfield Coal Co.*, 614 F.2d 936, 939, 2 BLR 2-38, 2-43-44 (4th Cir. 1980).

death was due to pneumoconiosis at Section 411(c)(3). Claimant also contends that the administrative law judge erred in finding that employer rebutted the presumption that the miner's death was due to pneumoconiosis at amended Section 411(c)(4). Employer responds, urging affirmance of the administrative law judge's decision awarding benefits. The Director, Office of Workers' Compensation Programs, has not filed a brief in response to claimant's appeal.

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.⁴ 33 U.S.C. §921(b)(3), as incorporated by 30 U.S.C. §932(a); *O'Keefe v. Smith, Hinchman & Grylls Associates, Inc.*, 380 U.S. 359 (1965).

Complicated Pneumoconiosis

Considering the x-ray, autopsy, CT scan and medical opinion evidence,⁵ the administrative law judge found that it failed to establish the existence of complicated

⁴ Because the miner's most recent coal mine employment was in Virginia, we will apply the law 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).

⁵ The three readings of the three x-rays taken on September 16, 2010, September 20, 2010 and October 17, 2010, contained in the miner's treatment records, were not classified for pneumoconiosis pursuant to 20 C.F.R. §718.102(b) and were not read as positive for pneumoconiosis. Director's Exhibit 20.

Dr. Dennis, who is Board-certified in anatomic and clinical pathology, performed an autopsy of the miner's lungs, diagnosing: severe bullous emphysema and progressive massive fibrosis with moderate to severe anthracosilicosis, macular development over 1.5 centimeters, and emphysema with fibrosis. Director's Exhibits 12, 21; Employer's Exhibit 3. On deposition, Dr. Dennis testified that the miner had complicated pneumoconiosis and that the lesions seen on autopsy would, in his opinion, present as an opacity greater than one centimeter, if seen on x-ray. Employer's Exhibit 3 at 38, 79.

Dr. Oesterling, who is Board-certified in anatomical and clinical pathology, as well as nuclear medicine, reviewed histologic slides and the death certificate. In a report dated October 17, 2011, he concluded that the miner had simple, clinical pneumoconiosis, but did not have complicated pneumoconiosis or progressive massive fibrosis. He opined that a diagnosis of progressive massive fibrosis was limited to cases demonstrating extensive micronodular change with fusion into aggregated masses of 2.0 or more centimeters, not the "macular" change Dr. Dennis observed.

pneumoconiosis pursuant to 20 C.F.R. §718.304(a)-(c).⁶ Specifically, the administrative law judge found that the x-ray, CT scan and medical opinion evidence was negative for the existence of complicated pneumoconiosis.⁷ In weighing the autopsy evidence, the administrative law judge accorded little weight to the autopsy report of Dr. Dennis, diagnosing complicated pneumoconiosis, because it “demonstrated a lack of scientific rigor” and Dr. Dennis’s deposition testimony was “rambling, doublespeak, and nearly incoherent.” Decision and Order at 26. Additionally, the administrative law judge accorded “little, if any[,] weight” to Dr. Dennis’s report “given the basis for the surrender

Dr. Caffrey, who is Board-certified in anatomical and clinical pathology, reviewed the miner’s histologic slides and enumerated medical records. In a report dated February 8, 2012, he opined that the miner had a very minimal, rare number of coal workers’ pneumoconiosis lesions occupying less than 10% of lung tissue and a moderate amount of anthracotic pigment. He concluded, therefore, that the miner had minimal, simple, clinical pneumoconiosis. Employer’s Exhibit 2.

The only CT scan in the record was read by Dr. Keadle as showing severe chronic obstructive pulmonary disease, adenopathy ascites, and pulmonary hypertension. Director’s Exhibit 20.

Dr. Farney, who is Board-certified in internal medicine, sleep medicine, and pulmonary diseases, reviewed the miner’s medical evidence, including treatment records, as well as various pathology reports. In reports dated September 15, 2012 and October 5, 2012, he concluded that, although the x-rays showed no evidence of pneumoconiosis, the miner had minimal, micronodular, simple, pneumoconiosis consistent with the pathology. He further opined that Dr. Dennis’s diagnosis of progressive massive fibrosis was erroneous as it was not based on objective findings and not in accord with accepted pathology standards.

⁶ The administrative law judge appears to have misstated the standard of proof in concluding that “employer has ruled out the existence of complicated pneumoconiosis.” Decision and Order at 26. Nonetheless, as the administrative law judge’s findings and credibility determinations demonstrate that claimant failed to carry her burden of proof to establish the presence of complicated pneumoconiosis, this error is harmless. *See Larioni v. Director, OWCP*, 6 BLR 1-1276 (1984).

⁷ Because claimant does not challenge the administrative law judge’s finding that the x-ray, CT scan and medical opinion evidence failed to establish the existence of complicated pneumoconiosis pursuant to 20 C.F.R. §718.304(a) and (c), these findings are affirmed. *See Skrack v. Island Creek Coal Co.*, 6 BLR 1-710, 1-711 (1983).

of his medical license.”⁸ Decision and Order at 26. Instead, the administrative law judge credited the autopsy reviews of Drs. Oesterling and Caffrey, who ruled out the existence of progressive massive fibrosis, because Dr. Oesterling was a “better-qualified pathologist” than Dr. Dennis, and Dr. Caffrey “not only examined the histologic slides but additional medical evidence.” Decision and Order at 26-27. Thus, the administrative law judge found that the autopsy evidence failed to establish the existence of complicated pneumoconiosis at Section 718.304(b). The administrative law judge concluded, therefore, that the evidence did not establish the existence of complicated pneumoconiosis at Section 718.304 and that claimant was not, therefore, entitled to invocation of the irrebuttable presumption of totally disabling pneumoconiosis at 30 U.S.C. §411(c)(3).

Claimant argues, however, that the administrative law judge erred in rejecting the opinion of Dr. Dennis, as he was the autopsy prosector. Contrary to claimant’s contention, an administrative law judge is not required to accord greater weight to the report of the autopsy prosector over the reports of reviewing pathologists, on that basis alone. See *Bill Branch Coal Corp. v. Sparks*, 213 F.3d 186, 191-92, 22 BLR 2-251, 2-262 (4th Cir. 2000); *Director, OWCP v. Rowe*, 710 F.2d 251, 255, 5 BLR 2-99, 2-103 (6th Cir. 1983); *Urgolites v. BethEnergy Mines, Inc.*, 17 BLR 1-20, 1-22-23 (1992). Rather, the administrative law judge is to consider the credibility of all the relevant evidence. In this case, the administrative law judge properly accorded greater weight to the report of Dr. Oesterling, because he is a “much better qualified pathologist,” and to the report of Dr. Caffrey, because he “not only examined the histologic slides but additional medical evidence.” Decision and Order at 8-12, 24-26; *Milburn Colliery Co. v. Hicks*, 138 F.3d 524, 533, 21 BLR 2-323, 2-335 (4th Cir. 1998); *Sterling Smokeless Coal Co. v. Akers*, 131 F.3d 438, 441, 21 BLR 2-269, 2-275-76 (4th Cir. 1997). Further, despite claimant’s assertion that “there is no showing that the reasons for the suspension of Dr. Dennis’s licenses [sic] affected his opinion regarding the existence of complicated pneumoconiosis,” Claimant’s Brief at 11, we conclude that this was a factor the administrative law judge could properly consider, as he is charged with assessing the credibility of the medical experts. See *Urgolites*, 17 BLR at 1-22-23.

On reviewing all of the evidence, the administrative law judge properly found that Dr. Farney, a “highly-qualified, Board certified pulmonologist[,]” provided the “most credible” and “most comprehensive review of the medical and pathology evidence, and that his opinion, regarding the absence of complicated pneumoconiosis, was supported by

⁸ The administrative law judge noted that “Dr. Dennis surrendered his license for a minimum period of two years based on the results of an investigation showing he illegally prescribed pain medications.” Decision and Order at 11 n.15.

those of Drs. Oesterling and Caffrey.⁹ Decision and Order at 8-12, 24-26; *see Hicks*, 138 F.3d at 533, 21 BLR at 2-335; *Akers*, 131 F.3d at 441, 21 BLR at 2-275-76. We conclude, therefore, that the administrative law judge has properly “weighed the evidence” and has properly assigned “little, if any[,] weight” to Dr. Dennis’s autopsy report. Decision and Order at 26; *see Underwood v. Elkay Mining, Inc.*, 105 F.3d 946, 949, 21 BLR 2-23, 2-28 (4th Cir. 1997); *Lane v. Union Carbide Corp.*, 105 F.3d 166, 21 BLR 2-34 (4th Cir. 1997). Thus, we affirm the administrative law judge’s finding that the autopsy evidence failed to establish the existence of complicated pneumoconiosis pursuant to Section 718.304(b) and that claimant is not, therefore, entitled to invocation of the irrebuttable presumption of death due to pneumoconiosis at Section 411(c)(3).

Rebuttal of Section 411(c)(4)

Employer can rebut the presumption at amended Section 411(c)(4) by disproving the existence of both clinical and legal pneumoconiosis, or by establishing, in this case, that the miner’s death did not arise out of, or in connection with, coal mine employment. *See Barber v. Director, OWCP*, 43 F.3d 899, 900-01, 19 BLR 2-61, 2-65-66 (4th Cir. 1995); *Rose v. Clinchfield Coal Co.*, 614 F.2d 936, 938-40, 2 BLR 2-38, 2-43-44 (4th Cir. 1980). Regarding the first method of rebuttal, the administrative law judge found that employer did not disprove the existence of pneumoconiosis because, although it disproved the existence of legal pneumoconiosis, it did not disprove the existence of clinical pneumoconiosis. Decision and Order at 19. Turning to the second method of rebuttal, however, the administrative law judge found that employer rebutted the presumption by establishing that the miner’s death did not arise out of, or in connection with, his coal mine employment. The evidence relevant to death causation consists of the

⁹ As claimant does not contest the administrative law judge’s finding that Drs. Oesterling and Farney are the “best qualified physicians” of record, that finding is affirmed. Decision and Order at 24; *Skrack*, 6 BLR at 1-711.

miner's death certificate,¹⁰ the miner's hospitalization and treatment records,¹¹ and the autopsy reports and opinions of Drs. Dennis, Caffrey, Oesterling, and Farney.¹²

In weighing the evidence, the administrative law judge rejected the death certificate, signed by Dr. Cabauatan, attributing death "in part to terminal pneumoconiosis/COPD (chronic obstructive pulmonary disease)" because it was conclusory. Decision and Order at 27. Similarly, the administrative law judge rejected Dr. Dennis's autopsy report, that coal workers' pneumoconiosis contributed to the miner's death, because of "its rambling, sometimes less than understandable presentation and [Dr. Dennis's] lack of information concerning the miner's health and the reasons behind the suspension of [Dr. Dennis's] medical license." Decision and Order at 28. Instead, the administrative law judge credited the opinion of Dr. Farney, who opined that

¹⁰ The death certificate, signed by Dr. Cabauatan, attributed the miner's death "in part to terminal pneumoconiosis/COPD (chronic obstructive pulmonary disease)." Director's Exhibit 11.

¹¹ The hospitalization and treatment records reflect the miner suffered a host of afflictions, including: tobacco-abuse, CHF (congestive heart failure), CAD (coronary artery disease), diabetes, COPD/pneumoconiosis, pneumonias, cardiomyopathy, and myocardial infarction. His terminal diagnosis was CHF with lower lobe pneumonia with acute renal failure, tobacco-abuse syndrome, ASCVD (arteriosclerotic cardiovascular disease), and cardiomyopathy. Director's Exhibit 20.

¹² Dr. Dennis, the autopsy prosector, attributed the miner's death to coal workers' pneumoconiosis. Employer's Exhibit 3.

Dr. Caffrey, based on a "thorough" records review, "found the miner's death was not related to CWP or coal mine dust exposure, but rather likely a cardiac death." Employer's Exhibit 2.

Dr. Oesterling, who found that the minimal pneumoconiosis was "very superficial," and not causing any structural changes in the lungs, identified a "cardiac death" based on the miner's clinical course and his pathology examination. Employer's Exhibits 1, 6.

Dr. Farney found that the miner's death was "due to a number of co-morbidities, including CAD, diabetes, hypertension, and CHF." He determined that death was "primarily due to circulatory events, i.e., cardiac failure, pulmonary congestion, and inadequate perfusion, rather than pulmonary issues," and concluded that the miner "died as a result of inadequate oxygen supply due to circulation failure, but not due to ventilator failure and inability to oxygenate his blood." Employer's Exhibits 4, 5.

the miner's death was primarily due to circulatory events, rather than pulmonary issues, as it was based on "the most comprehensive review of the medical and pathology evidence." Decision and Order at 28. The administrative law judge further found that Dr. Farney's opinion was supported by the "well-reasoned pathology review" of Dr. Oesterling, and the review of Dr. Caffrey, attributing the miner's death to his cardiac condition, rather than coal workers' pneumoconiosis or a coal-mine related respiratory disease. Decision and Order at 27-28. The administrative law judge concluded, therefore, that the presumption was rebutted because the evidence established "that pneumoconiosis was not a substantially contributing cause of the miner's death." Decision and Order at 28.

Claimant contends, however, that the administrative law judge erred in finding that the opinions of Drs. Oesterling, Farney and Caffrey were sufficient to rebut the presumption at amended Section 411(c)(4). In particular, claimant contends that the administrative law judge erred in crediting the opinion of Dr. Caffrey because he only addressed the effects of clinical pneumoconiosis, and not the effects of legal pneumoconiosis, on the miner's death.¹³ Further, claimant contends that the administrative law judge should not have credited the opinions of Drs. Oesterling and Farney because their opinions, that the miner did not have legal pneumoconiosis and that his death was not due to coal mine employment, were based on their views that the miner's "panlobular or bullous emphysema would not have been contributed to by his coal mine dust exposure." Claimant's Brief at 12. Claimant contends that, because the Department of Labor (DOL) has adopted the view of the medical community that both centrilobular and bullous emphysema are caused by coal mine dust exposure, the administrative law judge erred in crediting the contrary opinions of Drs. Oesterling and Farney.

At the outset, we note that the administrative law judge applied an incorrect rebuttal standard when he found the presumption at amended Section 411(c)(4) rebutted because "the evidence establishes that pneumoconiosis was not a substantially contributing cause of death." Decision and Order at 28. In order to rebut the presumption, employer must establish that the miner's death is unrelated to coal mine employment. *See Copley v. Buffalo Mining Co.*, 25 BLR 1-81, 1-89 (2012); *see also Barber*, 43 F.3d at 901, 19 BLR at 2-67; *Rose*, 614 F.2d at 939, 2 BLR at 2-43-44. Because the administrative law judge failed to apply the correct rebuttal standard, we

¹³ Although the administrative law judge found that employer disproved the existence of legal pneumoconiosis, as the doctors findings on the issue of legal pneumoconiosis are relevant to their findings as to whether the miner's death arose out of, or in connection with coal mine employment, we will address their findings on legal pneumoconiosis. *See* 30 U.S.C. §921(c)(4).

must vacate the administrative law judge's denial of benefits and remand the case for the application of the proper rebuttal standard at amended Section 411(c)(4).

In the interest of judicial economy, however, we will address claimant's arguments, as to whether the administrative law judge properly considered the medical evidence relevant to rebuttal. We agree with claimant that the administrative law judge erred in crediting the opinions of Drs. Farney¹⁴ and Oesterling¹⁵ on rebuttal because they believe that coal dust exposure does not contribute to the existence of panlobular and bullous emphysema. The DOL has not endorsed their view that coal dust exposure does not cause or contribute to the existence of panlobular or bullous emphysema. *See* 65 Fed. Reg. 79,943 (Dec. 20, 2000). Rather, the DOL has adopted the view of the medical community that coal dust-induced emphysema and smoke-induced emphysema occur through similar mechanisms. *See Westmoreland Coal Co. v. Cochran*, 718 F.3d 319, BLR (4th Cir. 2013)(Traxler, C.J., dissenting); *Harman Mining Co. v. Director, OWCP*

¹⁴ Dr. Farney attributed the miner's bullous and centrilobular emphysema to a "typical" smoking pattern, and stated that "if it was emphysema due to coal dust, you would see that there was an association with a lot of pigment." Decision and Order at 8-9; Employer's Exhibits 4 at 6-7, 5 at 31, 33.

¹⁵ Dr. Oesterling stated that "emphysema in extreme cases similar to what [this miner] did have can produce significant alterations in pulmonary function that can be attributed in some forms to coal dust," but that "with this type of emphysema that we saw here, this is not due to the very low level of dust change that he had in his lungs and is due to other factors." Now the [lung and heart] systems obviously function together to provide oxygenation of blood and the transport of blood so that anything that impacts on one does impact on the other. He had predominantly centrilobular emphysema "but it did progress in areas to panlobular emphysema...." Decision and Order at 9-10, 28; Employer's Exhibit 6 at 15-17, 42-45, 47.

Dr. Oesterling also excluded causes other than smoking because the "most common cause of emphysema in any population" is smoking. And so one can rule out coal mine dust exposure since "[coal mine employment] can produce centrilobular emphysema "but to see this extensive emphysema in the face of almost no dust in the interstitium, I think you can say this was not due to the coal dust...." As the miner's emphysema and his repeated bouts of pneumoconiosis combined "he had to have significant alterations to pulmonary function at the time of his death, but that neither were [sic] due to coal dust exposure...." There were no functional changes from the coal dust exposure, and therefore, it "did not in any way" contribute to or hasten the miner's death.... Finally, Dr. Oesterling said he could not "correlate" the miner's level of emphysema with his level of coal dust "as being synergistic with one another." Decision and Order at 9-10, 28; Employer's Exhibit 6 at 15-17, 42-45, 47.

[*Looney*], 678 F.3d 305, 25 BLR 2-115 (4th Cir. 2012); *Hicks*, 138 F.3d at 533, 21 BLR at 2-336. On remand, therefore, the administrative law judge must reconsider the opinions of Drs. Oesterling and Farney in light of the view adopted by the DOL concerning the cause of emphysema. See *Looney*, 678 F.3d at 315, 25 BLR at 2-128; *Helen Mining Co. v. Director, OWCP [Obush]*, 650 F.3d 248, 257, 24 BLR 2-369, 2-382-83 (3d Cir. 2011), *aff'g J.O. [Obush] v. Helen Mining Co.*, 24 BLR 1-117, 1-125-26 (2009).

Further, focusing on the death causation issue, the administrative law judge found that Dr. Farney “put it all together,” finding the miner’s death was:

due to a number of co-morbidities, including [coronary artery disease], diabetes, hypertension, and [congestive heart failure]. It was *primarily* due to circulatory events, i.e., cardiac failure, pulmonary congestion, and inadequate perfusion, rather than pulmonary issues. He died as a result of inadequate oxygen supply due to circulation failure, but not due to ventilator failure and inability to oxygenate his blood.

Decision and Order at 28 (emphasis added); see Employer’s Exhibit 5 at 29. However, Dr. Farney also stated that the miner:

had a complicated course and suffered from atherosclerosis that resulted in coronary artery disease, myocardial infarction and congestive heart failure complicated by COPD.... He suffered and died from circulatory failure consistent with autopsy findings of extensive vascular congestion of the lungs.

Employer’s Exhibit 4 at 7-8.

Regarding the opinions of Drs. Oesterling and Caffrey, the administrative law judge found that they “supported” Dr. Farney’s opinion regarding death causation. Decision and Order at 28. Specifically, the administrative law judge noted that Dr. Oesterling stated:

the only way that the emphysema may have in any way contributed [to death] was the fact that he had so much passive congestion, so much pneumonia. That little bit of destruction of the lung in the upper lobes due to emphysema would far surpass the 40-percent reserve that we have in pulmonary function. Thus, at the time of his death [the miner] would have been hypoxic, but it would have been primarily due to the pneumonia, to a much lessor [sic] degree due to the emphysema and not due to the coal dust. Employer’s Exhibit 6 at 47.

The administrative law judge also noted that Dr. Oesterling explained that the miner's *primary* cause of death was heart failure, with a diagnosis of COPD, but stated that coal worker's pneumoconiosis was not sufficient to "have been a terminal factor" in the miner's death, and that his clinical course was "much more related to his heart than to his lungs." Employer's Exhibits 1 at 6, 6 at 16-17 [emphasis added]. For his part, the administrative law judge found that Dr. Caffrey diagnosed "a significant amount of bullous and centrilobular emphysema,"¹⁶ and "did not offer a definitive cause of death," but opined that the "miner's death was not related to [coal worker's pneumoconiosis] or coal mine dust exposure, but rather *likely* a cardiac death in a miner with COPD." Decision and Order at 27-28 (emphasis added); *see* Employer's Exhibit 2.

This case arises within the jurisdiction of the United States Court of Appeals for the Fourth Circuit, which has cautioned that a medical opinion that the miner's "death is purely cardiac in nature" must be carefully evaluated as:

the relationship between severe pulmonary impairment and cardiac functioning is well known. The body is an integrated organism. A part can drag down the whole.

Collins v. Pond Creek Mining Co., F.3d , BLR , No. 13-1702, slip op. at 15-16 (4th Cir. May 1, 2014). We conclude, therefore, that the administrative law judge must reconsider and evaluate the opinions of Drs. Farney, Oesterling and Caffrey in light of *Collins* in determining whether they rebut the presumption of total disability due to pneumoconiosis at amended Section 411(c)(4).

¹⁶ The administrative law judge found that Dr. Caffrey "did not address the etiology of the bullous/centrilobular emphysema" he diagnosed. Decision and Order at 10, 18; Employer's Exhibit 2.

Accordingly, the administrative law judge's Decision and Order Denying Benefits is affirmed in part, vacated in part, and the case is remanded to the administrative law judge for further consideration consistent with this opinion.

SO ORDERED.

BETTY JEAN HALL, Acting Chief
Administrative Appeals Judge

ROY P. SMITH
Administrative Appeals Judge

REGINA C. McGRANERY
Administrative Appeals Judge