U.S. Department of Labor

Benefits Review Board
200 Constitution Ave. NW
Washington, DC 20210-0001

BRB No. 23-0482 BLA

JUDY A. MILLS (Widow of JACKIE L. MILLS, SR.) Claimant-Respondent v. BLACKSVILLE MINE/THE MONONGALIA COMPANY and MURRAY ENERGY CORPORATION Employer/Carrier-Petitioners DIRECTOR, OFFICE OF WORKERS' COMPENSATION PROGRAMS, UNITED STATES DEPARTMENT OF LABOR Party-in-Interest	)	**NOT-PUBLISHED** DATE ISSUED: 01/30/2025 DECISION and ORDER

Appeal of the Decision and Order Awarding Benefits of Drew A. Swank, Administrative Law Judge, United States Department of Labor.

Joseph E. Wolfe (Wolfe Williams & Austin), Norton, Virginia, for Claimant.

Aimee M. Stern (Dinsmore & Shohl, LLP), Wheeling, West Virginia, for Employer and its Carrier.

Before: BOGGS, BUZZARD, and JONES, Administrative Appeals Judges.

BOGGS and JONES, Administrative Appeals Judges:

Employer and its Carrier (Employer) appeal Administrative Law Judge (ALJ) Drew A. Swank's Decision and Order Awarding Benefits (2021-BLA-05154) rendered on a survivor's claim filed on October 3, 2018, pursuant to the Black Lung Benefits Act, as amended, 30 U.S.C. §§901-944 (2018) (Act).[1]

The ALJ credited the Miner with twenty-one years of underground coal mine employment and found he had a totally disabling respiratory or pulmonary impairment. 20 C.F.R. §718.204(b)(2). Thus, he found Claimant[2] invoked the presumption of death due to pneumoconiosis at Section 411(c)(4) of the Act.[3] 30 U.S.C. §921(c)(4) (2018). He further found Employer did not rebut the presumption. Thus, he awarded benefits.

On appeal, Employer argues the ALJ erred in finding Claimant established total disability and thus invoked the Section 411(c)(4) presumption.[4] It further argues he erred in finding it did not rebut the presumption. Claimant responds in support of the award of benefits. The Director, Office of Workers' Compensation Programs, has not filed a response brief.

The Benefits Review Board's scope of review is defined by statute. We must affirm the ALJ's Decision and Order if it is rational, supported by substantial evidence, and in

[1] This case involves a request for modification of a district director's denial of benefits. Director's Exhibit 38. In cases involving a request for modification of a district director's decision, the ALJ proceeds de novo and "the modification finding is subsumed in the [ALJ's] findings on the issues of entitlement." *Kott v. Director, OWCP*, 17 BLR 1-9, 1-13 (1992); *Motichak v. BethEnergy Mines, Inc.*, 17 BLR 1-14, 1-19 (1992).

[2] Claimant is the widow of the Miner, who died on November 7, 2017. Director's Exhibits 2, 11.

[3] Section 411(c)(4) of the Act provides a rebuttable presumption that a miner's death was due to pneumoconiosis if he had at least fifteen years of underground or substantially similar surface coal mine employment and a totally disabling respiratory or pulmonary impairment at the time of his death. 30 U.S.C. §921(c)(4) (2018); *see* 20 C.F.R. §718.305.

[4] We affirm, as unchallenged on appeal, the ALJ's finding the Miner had twenty-one years of underground coal mine employment. *See Skrack v. Island Creek Coal Co.*, 6 BLR 1-710, 1-711 (1983); Decision and Order at 3.

accordance with applicable law.[5] 33 U.S.C. §921(b)(3), as incorporated by 30 U.S.C. §932(a); *O'Keeffe v. Smith, Hinchman & Grylls Assocs., Inc.*, 380 U.S. 359 (1965).

Invocation of the Section 411(c)(4) Presumption – Total Disability

To invoke the Section 411(c)(4) presumption, Claimant must establish the Miner had a totally disabling respiratory or pulmonary impairment at the time of his death. 20 C.F.R. §718.305(b)(1)(iii). A miner was totally disabled if his pulmonary or respiratory impairment, standing alone, prevented him from performing his usual coal mine work and comparable gainful work. *See* 20 C.F.R. §718.204(b)(1). A claimant may establish total disability based on qualifying pulmonary function studies or arterial blood gas studies,[6] evidence of pneumoconiosis and cor pulmonale with right-sided congestive heart failure, or medical opinions. 20 C.F.R. §718.204(b)(2)(i)-(iv). The ALJ must weigh all relevant supporting evidence against all relevant contrary evidence. *See Defore v. Ala. By-Products Corp.*, 12 BLR 1-27, 1-28-29 (1988); *Rafferty v. Jones & Laughlin Steel Corp.*, 9 BLR 1-231, 1-232 (1987); *Shedlock v. Bethlehem Mines Corp.*, 9 BLR 1-195, 1-198 (1986), *aff'd on recon.*, 9 BLR 1-236 (1987) (en banc).

The ALJ found Claimant established total disability based on the medical opinions and the evidence as a whole.[7] 20 C.F.R. §718.204(b)(2)(iv); Decision and Order at 17.

The ALJ considered Dr. Green's and Dr. Fino's opinions. Dr. Green opined the Miner was totally disabled by an obstructive impairment based on the pulmonary function studies, while Dr. Fino opined he was not totally disabled. Decision and Order at 14-17; Claimant's Exhibit 6; Employer's Exhibits 1, 4. The ALJ found Dr. Green's opinion reasoned and documented and found Dr. Fino's opinion "internally inconsistent and

[5] This case arises within the jurisdiction of the United States Court of Appeals for the Fourth Circuit because the Miner performed his coal mine employment in West Virginia. *See Shupe v. Director, OWCP*, 12 BLR 1-200, 1-202 (1989) (en banc); Hearing Transcript at 21; Director's Exhibit 3.

[6] A "qualifying" pulmonary function study or blood gas study yields results equal to or less than the applicable table values listed in Appendices B and C of 20 C.F.R. Part 718. A "non-qualifying" pulmonary function study or blood gas study yields results in excess of those values. 20 C.F.R. §718.204(b)(2)(i), (ii).

[7] The ALJ found there are no designated arterial blood gas studies and no evidence of cor pulmonale with right-sided congestive heart failure to consider pursuant to 20 C.F.R. §718.204(b)(2)(ii), (iii). Decision and Order at 13-14.

inadequately reasoned." Decision and Order at 16. Thus, he concluded Claimant established total disability by a preponderance of the medical opinion evidence. *Id.* at 17.

Employer argues the ALJ erred in crediting Dr. Green's opinion because the pulmonary function studies on which he relies are non-qualifying.[8] Employer's Brief at 11-12. We disagree.

Dr. Green opined the Miner had chronic obstructive pulmonary disease (COPD) and emphysema based on his pulmonary function studies. Claimant's Exhibit 6 at 6-7. Specifically, he opined the November 16, 2015 pulmonary function study showed a moderate chronic airflow obstruction with relative air trapping. *Id.* at 6. He further opined the February 10, 2014 study, when compared to the November 15, 2016 study, demonstrated a moderately reduced diffusing capacity. *Id.* at 6-7. He concluded the Miner could not return to his usual coal mine employment given the impairments he identified on the objective testing. *Id.* at 7.

Contrary to Employer's argument, the fact that the ALJ found the weight of the pulmonary function study evidence to be non-qualifying does not preclude a finding of total disability based on a reasoned medical opinion. The regulations specifically provide that total disability may be established based on a physician's reasoned opinion that a miner could not perform his usual coal mine employment, even when the pulmonary function studies are non-qualifying. 20 C.F.R. §718.204(b)(2)(iv); *see Walker v. Director, OWCP*, 927 F.2d 181, 184-85 (4th Cir. 1991); *Cornett v. Benham Coal, Inc.*, 227 F.3d 569, 577 (6th Cir. 2000); *Jonida Trucking, Inc. v. Hunt*, 124 F.3d 739, 744 (6th Cir. 1997).

The ALJ acknowledged the underlying objective studies are non-qualifying, but permissibly found Dr. Green's opinion reasoned and documented because he explained how the COPD and emphysema demonstrated by the pulmonary function studies would prevent the Miner from performing the exertional requirements of his usual coal mining job.[9] *See Harman Mining Co. v. Director, OWCP* [*Looney*], 678 F.3d 305, 316-17 (4th Cir. 2012); *Island Creek Coal Co. v. Compton*, 211 F.3d 203, 211 (4th Cir. 2000); *Scott v. Mason Coal Co.*, 60 F.3d 1138, 1141 (4th Cir. 1995).

[8] Employer does not challenge the ALJ's discrediting Dr. Fino's opinion as not reasoned or documented. Decision and Order at 15-16. Thus, we affirm this finding. *Skrack*, 6 BLR at 1-711.

[9] The ALJ found the exertional requirements of the Miner's usual coal mine work as a section foreman required "medium labor." Decision and Order at 14. We affirm this finding as unchallenged. *Skrack*, 6 BLR at 1-711.

Likewise, we reject Employer's argument that the ALJ erred in crediting Dr. Green's opinion because he relied, in part, on March 26, 2007, and August 13, 2017 blood gas studies which are not part of the record. Employer's Brief at 12. Although the ALJ weighed Dr. Green's opinion on the assumption he cited evidence outside of the record, this assumption was erroneous. While not designated by either party as arterial blood gas study evidence under 20 C.F.R. §718.204(b)(2)(ii), the March 26, 2007, and August 13, 2017 blood gas studies were included in the record as part of Miner's medical treatment records.

Further, pulmonary function studies and blood gas studies measure different types of impairments. Thus, qualifying results on one type of test and nonqualifying results on the other type are not necessarily in conflict; either, or both, can support a total disability diagnosis. *See Sheranko v. Jones & Laughlin Steel Corp.*, 6 BLR 1-797, 1-798 (1984). Because the ALJ permissibly credited Dr. Green's opinion that the Miner was totally disabled based on the results of his pulmonary function studies,[10] Employer has not explained how the alleged error to which it points could have made any difference. *See Shinseki v. Sanders*, 556 U.S. 396, 413 (2009); *Larioni v. Director, OWCP*, 6 BLR 1-1276, 1-1278 (1984); Decision and Order at 16.

Therefore, we affirm the ALJ's finding that Claimant established total disability based on the medical opinion evidence at 20 C.F.R. §718.204(b)(2)(iv), and in consideration of the evidence as a whole. 20 C.F.R. §718.204(b)(2); *Rafferty*, 9 BLR at 1-232. We therefore affirm his finding that Claimant invoked the Section 411(c)(4) presumption. 20 C.F.R. §718.305; Decision and Order at 17.

Rebuttal of the Section 411(c)(4) Presumption

Because Claimant invoked the Section 411(c)(4) presumption, the burden shifted to Employer to establish the Miner had neither legal nor clinical pneumoconiosis,[11] or "that

[10] Dr. Green concluded the Miner had COPD, "which is supported by multiple pulmonary function studies." Claimant's Exhibit 6 at 6. He further opined the Miner's "impaired ventilatory measurements" would prevent him from performing his usual coal mine employment. *See id.* at 7. Dr. Green specified the pulmonary studies he reviewed and referenced the test values the studies produced.

[11] "Legal pneumoconiosis" includes any chronic lung disease or impairment and its sequelae arising out of coal mine employment. 20 C.F.R. §718.201(a)(2). The definition includes "any chronic pulmonary disease or respiratory or pulmonary impairment that is significantly related to, or substantially aggravated by, dust exposure in coal mine

no part of the [M]iner's death was caused by pneumoconiosis as defined in [20 C.F.R.] §718.201." 20 C.F.R. §718.305(d)(1)(i), (ii). The ALJ found Employer did not establish rebuttal by either method. Decision and Order at 23-24.

Legal Pneumoconiosis

To disprove legal pneumoconiosis, Employer must establish the Miner did not have a chronic lung disease or impairment "significantly related to, or substantially aggravated by, dust exposure in coal mine employment." 20 C.F.R. §§718.201(a)(2), (b), 718.305(d)(1)(i)(A); *see Minich v. Keystone Coal Mining Corp.*, 25 BLR 1-149, 1-155 n.8 (2015).

Employer relied on Dr. Fino's opinion that the Miner did not have legal pneumoconiosis, but rather liver disease, pneumothorax, and emphysematous bullae, all unrelated to coal mine dust exposure. Employer's Exhibits 1 at 3, 4 at 5. The ALJ found Dr. Fino's opinion not well-reasoned, and thus insufficient to rebut the presumption of legal pneumoconiosis. Decision and Order at 24.

Dr. Fino excluded legal pneumoconiosis because he opined the Miner did not have a respiratory disease or impairment. Employer's Exhibits 1, 4. He acknowledged the Miner had "some lung issues" but opined "there is no objective evidence of any pneumoconiosis." Employer's Exhibit 1 at 3. He stated he could "rule out coal mine dust" as causing, contributing to, or "having anything to do with his overall disability." *Id.* The ALJ permissibly found Dr. Fino's opinion unpersuasive on the issue of legal pneumoconiosis because it is inadequately reasoned and conclusory. *See Milburn Colliery Co. v. Hicks*, 138 F.3d 524, 528 (4th Cir. 1997); *Sterling Smokeless Coal Co. v. Akers*, 131 F.3d 438, 441 (4th Cir. 1997); *see also Sellards v. Director, OWCP*, 17 BLR 1-77, 1-80-81 (1993); *Bobick v. Saginaw Mining Co.*, 13 BLR 1-52, 1-54 (1988); Decision and Order at 24. Employer generally argues the ALJ should have credited Dr. Fino's opinion because it is consistent with the objective testing and he is an "equally-qualified" pulmonologist.[12]

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employment." 20 C.F.R. §718.201(b). "Clinical pneumoconiosis" consists of "those diseases recognized by the medical community as pneumoconioses, *i.e.*, the conditions characterized by permanent deposition of substantial amounts of particulate matter in the lungs and the fibrotic reaction of the lung tissue to that deposition caused by dust exposure in coal mine employment." 20 C.F.R. §718.201(a)(1).

[12] The ALJ also considered Dr. Green's opinion that Claimant has legal pneumoconiosis. Decision and Order at 21-22, 24; Claimant's Exhibit 6 at 6-7. Because Dr. Green's opinion does not aid Employer in rebutting the Section 411(c)(4) presumption,

Employer's Brief at 13. However, its argument amounts to a request to reweigh the evidence, which we are not empowered to do. *Anderson v. Valley Camp Coal of Utah, Inc.*, 12 BLR 1-111, 1-113 (1989).

Because the ALJ permissibly discredited Dr. Fino's opinion, the only opinion supportive of Employer's burden on rebuttal, we affirm his finding that Employer did not disprove legal pneumoconiosis.[13] 20 C.F.R. §§718.201(a)(2), (b), 718.305(d)(1)(i)(A); Decision and Order at 31. Employer's failure to disprove legal pneumoconiosis precludes a rebuttal finding that the Miner did not have pneumoconiosis.

Death Causation

The ALJ next considered whether Employer established "no part of the Miner's death was caused by pneumoconiosis as defined in [20 C.F.R.] §718.201." 20 C.F.R. §718.305(d)(2)(ii). The ALJ considered the Miner's death certificate signed by Dr. Kenneth Ramdat and the medical opinions of Drs. Green and Fino. Decision and Order at 25-29. The death certificate identified end stage liver disease as the immediate cause of the Miner's death, with "acute or chronic renal failure" as an underlying cause of death. Director's Exhibit 11. Dr. Green opined the Miner's pneumoconiosis contributed to his death, while Dr. Fino opined it did not. Claimant's Exhibit 6; Employer's Exhibits 1, 4.

The ALJ found the death certificate, by itself, is not reliable evidence of the Miner's death because the record does not indicate whether the physician signing it possessed relevant qualifications or personal knowledge to assess the cause of the Miner's death. Decision and Order at 23, 26. He discredited Dr. Fino's opinion because the physician did not diagnose legal pneumoconiosis, contrary to his finding that Employer did not disprove the existence of the disease. *See Hobet Mining, LLC v. Epling*, 783 F.3d 498, 504-05 (4th Cir. 2015); Decision and Order at 29. Having found Dr. Green's opinion well-reasoned, the ALJ determined Claimant established the Miner's pneumoconiosis substantially contributed to his death. Decision and Order at 27-28.

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we decline to address Employer's arguments regarding the ALJ's weighing of the doctor's opinion. *See Larioni v. Director, OWCP*, 6 BLR 1-1276, 1-1278 (1984); Employer's Brief at 13-14.

[13] Because we affirm the ALJ's finding that Employer failed to disprove legal pneumoconiosis, we need not address Employer's challenges to his finding that it also failed to disprove clinical pneumoconiosis. *See Larioni*, 6 BLR at 1-1278; Decision and Order at 23; Employer's Brief at 12-13.

Employer contends the ALJ erred in discrediting the Miner's death certificate.[14] Employer's Brief at 14-16. We agree.

Employer notes Dr. Ramdat, the physician who signed the death certificate, was the miner's "treating doctor" during his last hospital stay. Employer's Brief at 14. Thus, the ALJ's finding that there is no indication the coroner who signed the death certificate possessed any relevant qualifications or personal knowledge specific to the miner to assess the cause of his death is not supported by substantial evidence. Decision and Order at 23, 26; Director's Exhibit 11. Moreover, while the ALJ found the death certificate identified end stage liver disease as the immediate cause of the Miner's death with "acute or chronic renal failure" as an underlying cause of death and is silent regarding pneumoconiosis, it must be read in conjunction with the treatment records. *See McCune v. Cent. Appalachian Coal Co.*, 6 BLR 1-996, 1-998 (1984) (Board lacks the authority to render factual findings to fill in gaps in the ALJ's opinion).

We therefore vacate the ALJ's finding Employer failed to establish that no part of the Miner's death was caused by legal pneumoconiosis, 20 C.F.R. §718.305(d)(2)(ii), and thus vacate the ALJ's determination that Employer did not rebut the Section 411(c)(4) presumption. 20 C.F.R. §718.305(d)(2); Decision and Order at 29-30.

Remand Instructions

On remand, the ALJ must determine whether Dr. Ramdat qualifies as a treating physician. 20 C.F.R. §718.104(d); *see Soubik v. Director, OWCP*, 366 F.3d 226, 235 (3d Cir. 2004). The ALJ must then reconsider the death certificate in conjunction with the medical treatment records to determine if it supports Employer's burden to prove that no part of the Miner's death was caused by pneumoconiosis. The ALJ must also determine if Employer has established that no part of the Miner's death was caused by pneumoconiosis and thus rebutted the presumed fact of death causation. *See* 20 C.F.R. §718.305(d)(2)(ii). If the ALJ finds Employer has failed to rebut the presumption that the Miner's death was caused by pneumoconiosis, he may reinstate the award of benefits. The ALJ must fully

[14] Employer does not challenge the ALJ's discrediting of Dr. Fino's opinion on death causation; thus we affirm it. *Skrack*, 6 BLR at 1-711; Decision and Order at 29.

explain all of his findings in accordance with the Administrative Procedure Act.[15] *Wojtowicz v. Duquesne Light Co.*, 12 BLR 1-162, 1-165 (1989).[16]

Accordingly, we affirm in part and vacate in part the ALJ's Decision and Order Awarding Benefits and remand this case for further consideration consistent with this opinion.

SO ORDERED.

JUDITH S. BOGGS
Administrative Appeals Judge

MELISSA LIN JONES
Administrative Appeals Judge

BUZZARD, Administrative Appeals Judge, dissenting:

I respectfully dissent from the majority's decision to vacate the award of benefits. As the ALJ found, Mr. Mills (the Miner) worked for twenty-one years in underground coal mine employment and came home from his shifts "covered in dust." Decision and Order at 5. According to Dr. Green, whose opinion the ALJ credited, the Miner suffered from a "significant" and "totally disabling" respiratory impairment due to his "compromise in lung function, compromise in gas exchange, and corroborating findings of changes of

[15] The Administrative Procedure Act, 5 U.S.C. §§500-591, provides that every adjudicatory decision must include "findings and conclusions and the reasons or basis therefor, on all the material issues of fact, law, or discretion presented . . . ." 5 U.S.C. §557(c)(3)(A), as incorporated into the Act by 30 U.S.C. §932(a).

[16] Contrary to our dissenting colleague, rendering findings as to import of the treatment records in conjunction with the death certificate lies within the province of the ALJ, not the Board. Thus remand is required. *Harman Mining Co. v. Director, OWCP* [*Looney*], 678 F.3d 305, 316-17 (4th Cir. 2012); *McCune v. Central Appalachian Coal Co.*, 6 BLR 1-996, 1-998 (1984) (fact finder's failure to discuss relevant evidence requires remand).

emphysema on [radiographic] imaging of the chest noted over the years." Claimant's Exhibit 6 at 8.

Because the Miner had greater than fifteen years of underground coal mine employment and was totally disabled at the time of his death, his surviving spouse, Mrs. Mills (Claimant), invoked the Section 411(c)(4) presumption that his death was due to pneumoconiosis. 30 U.S.C. §921(c)(4); 20 C.F.R. §718.305. Therefore, the burden of proof shifted to Employer to establish either that the Miner did not have pneumoconiosis (disease) or that "no part" of his death was caused by pneumoconiosis (death causation). 20 C.F.R. §718.305(d)(2).

In support of its burden, Employer submitted the medical opinion of Dr. Fino, who opined that the Miner was disabled at the time of his death due to a combination of emphysematous bullae, a resultant collapsed right lung, and liver disease. On the question of disease, he stated that he "could rule out" coal mine dust as causing or contributing to the Miner's disability. On the question of death causation, he stated that he "could rule out" coal mine dust as causing or contributing to the Miner's death, which he attributed solely to liver disease. Employer's Exhibits 1, 4.

As the majority holds, the ALJ acted well within his discretion in finding Employer's evidence-in-chief, Dr. Fino's opinion, "conclusory" and "entitled to no weight" because the physician's conclusions that the Miner did not have pneumoconiosis, and the disease did not contribute to his death, lacked reasoning and support. Decision and Order at 24, 29. My colleagues nevertheless vacate the award on the basis that the ALJ erred in evaluating a different piece of evidence – the Miner's death certificate signed by Dr. Ramdat, which identifies the immediate cause of death as "end stage liver disease . . . due to (or as a consequence of) acute on chronic renal failure." Director's Exhibit 11.

The ALJ gave the document "no weight" because "the record provides no indication that the individual signing the death certificate possessed any relevant qualifications or personal knowledge of the miner" upon which he assessed the cause of death. Decision and Order at 23. The majority holds that the ALJ's rationale was erroneous because the Miner's treatment records contain a discharge summary signed by Dr. Ramdat that, when read "in conjunction" with the death certificate, could satisfy Employer's burden to prove that pneumoconiosis played "no part" in the Miner's death.

Contrary to the majority's analysis, the record amply supports the ALJ's findings that the death certificate *and* treatment records are not probative as to whether the Miner's pneumoconiosis contributed to his death. *Cox v. Shannon-Pocahontas Mining Co.*, 6 F.3d 190, 192 (4th Cir. 1993) ("The Board is bound by an ALJ's findings of fact if they are supported by substantial evidence in the record considered as a whole."); *Richardson v.*

Perales, 402 U.S. 389, 401 (1971) ("substantial evidence" is "such relevant evidence as a reasonable mind might accept as adequate to support a conclusion").

To rebut the Section 411(c)(4) presumption, "a medical expert testifying in opposition to an award of benefits must consider pneumoconiosis together with all other possible causes, and adequately explain *why* pneumoconiosis was not at least a partial cause" of the miner's disability or death. *W. Virginia CWP Fund v. Bender*, 782 F.3d 129, 144 (4th Cir. 2015) (emphasis in original). Here, the ALJ accurately found that Dr. Ramdat's death certificate identifies liver disease as the cause of death. Decision and Order at 23. It makes no reference to pneumoconiosis and therefore is silent as to *why* "no part" of the Miner's death was due to his pneumoconiosis. *Id*.; 20 C.F.R. §718.305(d)(2)(ii).

The majority's additional reliance on the Miner's treatment records, including Dr. Ramdat's discharge summary, as possibly supporting rebuttal ignores that the ALJ already weighed this evidence and rationally found these records are "not probative" as to pneumoconiosis and "do nothing to aid Employer" in rebutting the presumption. Decision and Order at 24. This finding is confirmed by the fact that these records acknowledge the Miner's diagnoses of emphysema, collapsed lung, chronic obstructive pulmonary disease, and chronic respiratory failure – but they do not attempt to offer an opinion on whether he had pneumoconiosis or whether "no part" of his death was caused by that disease. Director's Exhibit 13. Thus, according to the ALJ's existing permissible findings, this evidence cannot be read in conjunction with the similarly defective death certificate to satisfy Employer's burden of proof.[17] *Bender*, 782 F.3d at 144.

Therefore, I would affirm the ALJ's award of benefits.

GREG J. BUZZARD
Administrative Appeals Judge

[17] That none of this evidence discusses the Miner's pneumoconiosis implicates another well-established point of law. A doctor who errantly fails to diagnose pneumoconiosis, contrary to the ALJ's finding that the Miner has the disease, may not be credited "at all" on the issue of whether pneumoconiosis played a role in the Miner's disability or death. *Hobet Mining, LLC v. Epling*, 783 F.3d 498, 503 (4th Cir. 2015). The only exception, not applicable based on this record, is when "specific and persuasive reasons" exist for concluding that the "doctor's view on causation is independent of his or

her mistaken belief that the claimant does not have pneumoconiosis" – and even then, such an opinion can be given "at most" little weight. *Id*.