U.S. Department of Labor

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

BRB No. 24-0454 BLA

CLAUDE W. COX Claimant-Petitioner v. PARAMONT COAL COMPANY VIRGINIA, LLC Employer-Respondent DIRECTOR, OFFICE OF WORKERS' COMPENSATION PROGRAMS, UNITED STATES DEPARTMENT OF LABOR Party-in-Interest	)	**NOT-PUBLISHED** DATE ISSUED: 09/16/2025 DECISION and ORDER

Appeal of the Decision and Order Denying Benefits of Francine L. Applewhite, Administrative Law Judge, United States Department of Labor.

Claude W. Cox, Duffield, Virginia.

Kendra Prince (Penn, Stuart & Eskridge), Abingdon, Virginia, for Employer.

Before: ROLFE and JONES, Administrative Appeals Judges, and ULMER, Acting Administrative Appeals Judge.

PER CURIAM:

Claimant appeals, without representation,[1] Administrative Law Judge (ALJ) Francine L. Applewhite's Decision and Order Denying Benefits (2022-BLA-05402) rendered on a claim filed on May 7, 2020, pursuant to the Black Lung Benefits Act, as amended, 30 U.S.C. §§901-944 (2018) (Act).

The ALJ accepted the parties' stipulation that Claimant has thirty-five years of underground coal mine employment and simple pneumoconiosis arising out of his coal mine employment. She found Claimant did not establish complicated pneumoconiosis and, thus, could not invoke the irrebuttable presumption of total disability due to pneumoconiosis at Section 411(c)(3) of the Act. 30 U.S.C. §921(c)(3); 20 C.F.R. §718.304. She further found Claimant failed to establish a totally disabling respiratory and pulmonary impairment, 20 C.F.R. §718.204(b)(2), and therefore did not invoke the presumption of total disability due to pneumoconiosis at Section 411(c)(4) of the Act, 30 U.S.C. §921(c)(4) (2018),[2] or establish a necessary element of entitlement under 20 C.F.R. Part 718. Consequently, the ALJ denied benefits.

On appeal, Claimant generally challenges the denial of benefits. Employer responds in support of the denial of benefits. The Acting Director, Office of Workers' Compensation Programs, declined to file a response.

In an appeal a claimant files without representation, the Board addresses whether substantial evidence supports the Decision and Order below. *Hodges v. BethEnergy Mines, Inc.*, 18 BLR 1-84, 1-86 (1994). We must affirm the ALJ's Decision and Order if it is rational, supported by substantial evidence, and in accordance with applicable law.[3] 33

[1] On Claimant's behalf, Robin Napier, a benefits counselor with Stone Mountain Health Services of St. Charles, Virginia, requested the Benefits Review Board review the ALJ's decision, but Ms. Napier is not representing Claimant on appeal. *See Shelton v. Claude V. Keene Trucking Co*., 19 BLR 1-88 (1995) (Order).

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

[3] The Board will apply the law of the United States Court of Appeals for the Fourth Circuit as Claimant performed his coal mine employment in Virginia. *See Shupe v. Director, OWCP*, 12 BLR 1-200, 1-202 (1989) (en banc); Hearing Transcript at 14; Director's Exhibit 25.

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)(3) Presumption: Complicated Pneumoconiosis

Section 411(c)(3) of the Act provides an irrebuttable presumption that a miner is totally disabled due to pneumoconiosis if he suffers 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* 20 C.F.R. §718.304. In determining whether Claimant has invoked the irrebuttable presumption, the ALJ must consider all evidence relevant to the presence or absence of complicated pneumoconiosis. 30 U.S.C. §923(b); *Westmoreland Coal Co. v. Cox*, 602 F.3d 276, 283 (4th Cir. 2010); *E. Assoc. Coal Corp. v. Director, OWCP* [*Scarbro*], 220 F.3d 250, 255-56 (4th Cir. 2000); *see Melnick v. Consolidation Coal Co.*, 16 BLR 1-31, 1-33 (1991) (en banc).

The ALJ found the x-rays, computed tomography (CT) scans, and medical opinions do not support a finding of complicated pneumoconiosis. 20 C.F.R. §718.304(a)-(c); Decision and Order at 5-11. Weighing all the evidence together, she concluded Claimant did not establish the disease. 20 C.F.R. §718.304; Decision and Order at 11.

X-Ray Evidence

The ALJ considered eight interpretations of four x-rays dated January 28, 2020, May 10, 2021, July 16, 2021, and July 7, 2022. Decision and Order at 6. She noted all the interpreting physicians are dually qualified as B readers and Board-certified radiologists except for Dr. Tarver, who is a Board-certified radiologist but not currently a B reader. *Id.*

Dr. DePonte read the January 28, 2020 x-ray as positive for complicated pneumoconiosis, Category A, whereas Dr. Tarver read it as negative for complicated pneumoconiosis.[4] Director's Exhibits 47, 48. Dr. DePonte read the May 10, 2021 x-ray as positive for complicated pneumoconiosis, Category A, whereas Dr. Adcock read it as negative for complicated pneumoconiosis. Director's Exhibits 44, 48. Dr. Ramakrishnan

[4] The ALJ gave the interpretations of Drs. DePonte and Tarver equal weight because, while Dr. Tarver is not currently listed in the National Institute for Occupational Safety and Health database, he had been certified as a B reader through November 30, 2021, and was actively certified as both a B reader and Board-certified radiologist as of the time of the reading. Decision and Order at 6 n.9.

read the July 1, 2021 and July 7, 2022 x-rays as positive for complicated pneumoconiosis, Category A, whereas Dr. Adcock read both x-rays as negative for complicated pneumoconiosis. Director's Exhibits 47, 48; Claimant's Exhibit 1; Employer's Exhibit 1.

The ALJ found the readings of the January 28, 2020, May 10, 2021, July 1, 2021, and July 7, 2022 x-rays in equipoise because an equal number of dually-qualified physicians found these x-rays to be positive and negative for pneumoconiosis. *See Director, OWCP v. Greenwich Collieries* [*Ondecko*], 512 U.S. 267, 281 (1994); *Adkins v. Director, OWCP*, 958 F.2d 49, 52 (4th Cir. 1992); *Trent v. Director, OWCP*, 11 BLR 1-26, 1-27-28 (1987); *Dixon v. N. Camp Coal Co*., 8 BLR 1-344, 1-345 (1985). Thus, she rationally found them to be inconclusive as to the presence of complicated pneumoconiosis. Decision and Order at 6-7.

Having found all four x-rays inconclusive for complicated pneumoconiosis, the ALJ found the preponderance of the x-ray evidence neither supports nor refutes a finding of complicated pneumoconiosis. 20 C.F.R. §718.304(a); *see Ondecko*, 512 U.S. at 281; Decision and Order at 7. As it is supported by substantial evidence, we affirm the ALJ's determination the x-ray evidence neither supports nor refutes a finding of complicated pneumoconiosis.

CT Scan Evidence

The ALJ initially considered seven interpretations of four CT scans dated May 29, 2020, June 14, 2021, December 28, 2021, and July 22, 2022.[5] Decision and Order at 8-9.

Drs. Saadeh and Colella reviewed the May 29, 2020 CT scan. Director's Exhibit 47 at 23; Employer's Exhibit 8. Dr. Saadeh noted this CT scan showed a left lower lobe lesion of approximately 2.3 centimeters,[6] Director's Exhibit 47 at 23, whereas Dr. Colella read the CT scan as showing "multiple pulmonary nodules bilaterally" and "[m]inimal reticulonodular pulmonary opacities . . . with an upper lobe predominance." Employer's Exhibit 8. The ALJ afforded each interpretation equal weight and found the May 29, 2020

[5] The qualifications of the physicians who interpreted these CT scans, Drs. Saadeh, Colella, Thurman, and Berrigan, are not in evidence. *See generally* Decision and Order Denying Benefits at 7-9.

[6] Although the ALJ stated Dr. Saadeh interpreted the May 29, 2020 CT scan, there is no separate, self-contained interpretation of this scan by Dr. Saadeh in the record. As part of his interpretation of the June 14, 2021 CT scan, Dr. Saadeh referenced the lesion shown on the May 29, 2020 CT scan and compared those results to the June 14, 2021 scan. Director's Exhibit 47 at 23.

CT scan to be in equipoise on the issue of complicated pneumoconiosis. Decision and Order at 9.

Dr. Saadeh interpreted the June 14, 2021 CT scan as demonstrating a left lower lobe nodule of two centimeters consistent with pneumoconiosis. Director's Exhibit 47 at 25. The ALJ credited this interpretation and found the June 14, 2021 CT scan to be positive for complicated pneumoconiosis. Decision and Order at 9.

Drs. Thurman and Colella interpreted the December 28, 2021 CT scan. Claimant's Exhibit 2; Employer's Exhibit 2. Dr. Thurman read the CT scan as showing a large, two-centimeter nodular opacity in the left lung base consistent with pneumoconiosis, Claimant's Exhibit 2, whereas Dr. Colella read the CT scan as showing "[m]ultiple pulmonary nodules bilaterally with a right upper lobe predominance." Employer's Exhibit 2. The ALJ afforded each interpretation equal weight and found the December 28, 2021 CT scan to be in equipoise on the issue of complicated pneumoconiosis. Decision and Order at 8.

Drs. Berrigan and Colella interpreted the July 21, 2022 CT scan. Claimant's Exhibit 3; Employer's Exhibit 3. Dr. Berrigan read the CT scan as showing multiple nodules with the largest nodule being 2.1 centimeters in the base of the left lower lobe consistent with pneumoconiosis, Claimant's Exhibit 3 at 2, whereas Dr. Colella read the CT scan as showing "[m]ultiple pulmonary nodules bilaterally with a right upper lobe predominance," along with "a pleural based density at the left lung base." Employer's Exhibit 3. The ALJ afforded each interpretation equal weight and found the July 21, 2022 CT scan to be in equipoise on the issue of complicated pneumoconiosis. Decision and Order at 8.

The ALJ then noted there were four additional CT scan interpretations submitted by letter from Dr. Colella. Decision and Order at 8-9 (citing Employer's Exhibits 4-7). The ALJ acknowledged the original records of the CT scans were not in the record, nor were the interpretations by the performing physicians, but Claimant's treatment records referred to CT scans taken in May 2021, September 2020, April 2020, and November 2018. *Id.* at 9; *see* Director's Exhibit 47 at 15; Claimant's Exhibit 2. The ALJ thus found "the record sufficiently establishes the existence of the CT scans of May 27, 2021, September 25, 2020, April 20, 2020, and November 29, 2018." Decision and Order at 9. After determining the record sufficiently established the existence of these CT scans, the ALJ noted Dr. Colella found no large nodules in any of the scans and found the four additional CT scans refute a finding of complicated pneumoconiosis. The ALJ found the overall weight of the CT scan evidence does not support a finding of complicated pneumoconiosis.

The ALJ erred in finding Dr. Colella found no large nodules in any of the four additional CT scans. Dr. Colella interpreted the April 20, 2020 CT scan as showing

multiple pulmonary nodules bilaterally which he differentially diagnosed as pneumoconiosis, sarcoidosis, or histiocytosis. Employer's Exhibit 7. He also identified a "new consolidation or mass" at the left lung base. *Id.* In his interpretation of the May 29, 2020 CT scan, Dr. Colella again identified an area of consolidation or mass at the left lung base, noted multiple pulmonary nodules bilaterally and differentially diagnosed pneumoconiosis, among other things. Employer's Exhibit 8. Thus, contrary to the ALJ's finding, Dr. Colella did identify large masses on two of the treatment CT scans he interpreted.

Moreover, the large mass Dr. Colella identified was in the left lung base, the same location where Dr. Saadeh identified a left lower lobe nodule of two centimeters consistent with pneumoconiosis on the June 14, 2021 CT scan, a scan the ALJ found positive for complicated pneumoconiosis. Employer's Exhibit 8; Director's Exhibit 47 at 25. Similarly, Dr. Berrigan, on the July 21, 2022 CT scan, Dr. Thurman, on the December 28, 2021 CT scan, and Dr. Saadeh, on the May 29, 2020 CT scan, all identified a greater than one centimeter nodule consistent with pneumoconiosis in Claimant's left lower lung, while Dr. Colella read these scans as showing only simple pneumoconiosis, despite identifying a large mass in Claimant's left lower lung base on earlier scans. Claimant's Exhibits 2, 3; Director's Exhibit 47 at 23; Employer's Exhibits 2-5. The ALJ failed to address these inconsistencies in the evidence. She did not address nor explain why Dr. Colella's identification of a large mass in Claimant's left lung base on earlier scans did not detract from the probative value of his later readings where he did not identify the mass while other physicians did. *See Adkins*, 958 F.2d at 51-52.

In considering whether Claimant has complicated pneumoconiosis, the ALJ is required to consider all the relevant evidence and weigh it together in reaching a conclusion as to the credibility of the evidence. *See Cox*, 602 F.3d at 283; *Scarbro*, 220 F.3d at 255-56 (in determining the presence of complicated pneumoconiosis, an ALJ must weigh all of the relevant evidence, considering whether it supports or undercuts evidence from the same and other categories). Simply acknowledging that certain types of evidence are positive while others are negative does not satisfy the explanatory requirements of the Administrative Procedure Act (APA).[7] *See* 5 U.S.C. §557(c)(3)(A); *Lane Hollow Coal Co.*

[7] The APA requires the ALJ to consider all relevant evidence in the record, and to set forth her "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); *see Wojtowicz v. Duquesne Light Co.*, 12 BLR 1-162, 1-165 (1989).

v. Director, OWCP [*Lockhart*], 137 F.3d 799, 803 (4th Cir. 1998); *Wojtowicz v. Duquesne Light Co.*, 12 BLR 1-162, 1-165 (1989).

Reviewing the record indicates that three physicians identified a large opacity consistent with complicated pneumoconiosis in Claimant's left lower lung, while only one physician, Dr. Colella, noted a large mass in Claimant's left lung base on scans in April and May 2020 but did not identify it on later scans. The ALJ's analysis does not adequately explain her credibility determinations and weighing of the CT scan evidence for complicated pneumoconiosis. Further, she mischaracterized the evidence, failed to resolve conflicts in the evidence that could affect the credibility of the CT scan evidence, and did not properly evaluate all the relevant evidence together. Thus, we vacate her finding that the CT scan evidence does not support a finding of complicated pneumoconiosis. *See* 5 U.S.C. §557(c)(3)(A); *Lockhart*, 137 F.3d at 803; *Wojtowicz*, 12 BLR at 1-165.

Medical Opinion Evidence

The ALJ considered Dr. Harris's medical opinion that Claimant has complicated pneumoconiosis. Director's Exhibit 45. The ALJ found Dr. Harris's opinion entitled to only "some [weight]" because, although his opinion was based on an x-ray reading that was in equipoise and a CT scan finding complicated pneumoconiosis, she determined the overall CT scan evidence does not support such a finding. Decision and Order at 11.

Because the ALJ's weighing of the CT scan evidence affected her weighing of the medical opinion evidence, we vacate her finding that the medical opinion evidence does not support a finding of complicated pneumoconiosis at 20 C.F.R. §718.304(c).

Treatment Record Evidence

The ALJ addressed Claimant's treatment records. Decision and Order at 10-11. The ALJ noted the instances in Claimant's records where he was diagnosed with complicated pneumoconiosis based on the identification of large nodules or opacities on x-rays or CT scans. *Id.* She found these diagnoses were based on equipoise readings and gave them no weight. *Id.* at 11. Because the ALJ's weighing of the CT scan evidence affected her weighing of the medical treatment record evidence, we vacate her finding that the treatment record evidence does not support a finding of complicated pneumoconiosis at 20 C.F.R. §718.304(c).

Consequently, we vacate the ALJ's findings that Claimant did not establish complicated pneumoconiosis and did not invoke the irrebuttable presumption at 20 C.F.R. §718.304.

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

To invoke the Section 411(c)(4) presumption, a claimant must establish he has a totally disabling respiratory or pulmonary impairment. 20 C.F.R. §718.305(b)(1)(iii). A miner is totally disabled if his pulmonary or respiratory impairment, standing alone, prevents him from performing his usual coal mine work and comparable gainful work. A claimant may establish total disability based on pulmonary function studies, arterial blood gas studies, 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 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 that Claimant failed to establish total disability by any method.[8] Decision and Order at 11-13.

The ALJ considered a single non-qualifying[9] pulmonary function study from May 10, 2021. Decision and Order at 12. The ALJ found the May 10, 2021 pulmonary function study did not establish total disability, as it did not meet the Department of Labor (DOL) standards for total disability. *Id.* Because it is supported by substantial evidence, we affirm the ALJ's finding that the May 10, 2021 pulmonary function study does not support finding total disability at 20 C.F.R. §718.204(b)(2)(i). *Id.*

The ALJ next considered a single arterial blood gas study from May 10, 2021. Decision and Order at 12. The ALJ found the study did not establish total disability, as it was non-qualifying and thus did not meet the DOL standards for total disability. *Id.* Because it is supported by substantial evidence, we affirm the ALJ's finding that the May 10, 2021 arterial blood gas study does not support finding total disability at 20 C.F.R. §718.204(b)(2)(ii). *Id.*

The ALJ then considered Dr. Harris's medical opinion as to whether Claimant is totally disabled from performing his usual coal mine work. Decision and Order at 9-10. Dr. Harris determined Claimant's coal mine employment running a shuttle car and working as a roof bolter involved heavy labor. Director's Exhibit 45 at 6. He concluded Claimant

[8] The record contains no evidence that Claimant has cor pulmonale with right-sided congestive heart failure. 20 C.F.R. §718.204(b)(2)(iii).

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

"would not be expected to be able to complete the exertional requirements of any" coal mine employment based on his "significant impairment due to his pulmonary disease, as evidenced by [his] symptoms of dyspnea on exertion," his "reduced lung function including a low FEV_1/FVC ratio" indicating obstruction and chronic obstructive pulmonary disease, in addition to his chest x-ray showing findings consistent with complicated pneumoconiosis. *Id.* at 8.

On January 31, 2022, the claims examiner requested clarification of Dr. Harris's assessment that Claimant is totally disabled due to his pulmonary impairment and Claimant's chest x-ray being consistent with coal workers' pneumoconiosis/pulmonary massive fibrosis (complicated pneumoconiosis). Director's Exhibit 49 at 2. The claims examiner asked Dr. Harris to clarify his opinion because the totality of the evidence at that point established the presence of simple clinical pneumoconiosis only, and the objective medical tests did not establish the presence of a totally disabling impairment. *Id.* The district director asked Dr. Harris whether he still considered Claimant totally disabled given "the evidence no longer establishes the presence of complicated pneumoconiosis," and, if so, whether the disability is due to pneumoconiosis. *Id.*

Dr. Harris submitted a supplemental report noting he disagreed with the DOL's finding that Claimant does not have complicated pneumoconiosis but acknowledging that, if Claimant was not considered to have complicated pneumoconiosis, he would no longer find him to be totally disabled.[10] Director's Exhibit 49 at 3-4.

[10] In his initial report, Dr. Harris found Claimant totally disabled based on both the presence of complicated pneumoconiosis and Claimant's respiratory symptoms and impairment. Director's Exhibit 45 at 8. It is not clear, and the ALJ did not address, whether Dr. Harris was simply acknowledging he would no longer consider Claimant totally disabled based on the presence of complicated pneumoconiosis or whether the DOL's conclusion also changed his opinion that Claimant's respiratory symptoms and impairment would prevent him from performing the exertional requirements of any coal mine job. Nevertheless, we note the ALJ failed to render the necessary factual findings regarding the exertional requirements of Claimant's coal mine employment which would allow her to determine whether the portion of Dr. Harris's initial medical opinion addressing Claimant's ability to perform his usual coal mine work is reasoned and documented. *See Sea "B" Mining Co. v. Addison*, 831 F.3d 244, 252-53 (4th Cir. 2016); *Lane v. Union Carbide Corp.*, 105 F.3d 166, 172 (4th Cir. 1997); *Eagle v. Armco Inc.*, 943 F.2d 509, 512 n.4 (4th Cir. 1991); *McMath v. Director, OWCP*, 12 BLR 1-6, 1-9 (1988). In determining whether a miner is totally disabled, the ALJ must compare the exertional requirements of the miner's usual coal mine work with a physician's description of the miner's pulmonary impairment and physical limitations, if the ALJ finds that description credible. *See Lane*,

The ALJ found Dr. Harris's opinion unsupported and entitled to little weight given it is based on x-ray and CT scan interpretations that are in equipoise and because it is contrary to her finding the overall evidence does not establish complicated pneumoconiosis. Decision and Order at 13. Because the ALJ's weighing of the CT scan evidence affected her weighing of Dr. Harris's opinion and because we have vacated her finding the overall evidence does not establish complicated pneumoconiosis, we vacate her finding the medical opinion evidence does not support a finding of total disability at 20 C.F.R. §718.204(b)(2)(iv).

We thus vacate the ALJ's finding the medical opinion evidence is insufficient to support a finding of total disability, 20 C.F.R. §718.204(b)(2)(iv), and that Claimant failed to establish total disability. 20 C.F.R. §718.204(b)(2); Decision and Order at 13. Consequently, we also vacate her finding that Claimant is unable to invoke the Section 411(c)(4) presumption and the denial of benefits. 20 C.F.R. §718.305; Decision and Order at 13.

Remand Instructions

On remand, the ALJ must reconsider and weigh the CT scan and medical opinion evidence regarding complicated pneumoconiosis. She must critically examine all the relevant medical evidence, resolve the conflict in the physicians' opinions, and explain her weighing of the evidence in accordance with the APA. 5 U.S.C. §557(c)(3)(A); *Wojtowicz*, 12 BLR at 1-165. If Claimant establishes complicated pneumoconiosis on remand, thus invoking the irrebuttable presumption of total disability due to pneumoconiosis, the ALJ must determine whether the disease arose out of his coal mine employment before awarding benefits. *Daniels Co. v. Mitchell*, 479 F.3d 321, 337 (4th Cir. 2007); 20 C.F.R. §718.203(b).

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105 F.3d at 172; *Eagle*, 943 F.2d at 512 n.4. The ALJ failed to compare the exertional requirements with the physician's assessment to determine whether his opinion supports a finding of total respiratory disability. *Id.*; *see also Cornett v. Benham Coal, Inc.*, 227 F.3d 569, 578 (6th Cir. 2000) (even a mild impairment may be totally disabling depending on the exertional requirements of a miner's usual coal mine employment); *McMath*, 12 BLR at 1-9 (medical opinion may support a finding of total disability if it provides sufficient information from which the ALJ can reasonably conclude that a miner is unable to do his last coal mine job); *Budash v. Bethlehem Mines Corp.*, 9 BLR 1-48, 1-51-52 (1986) (en banc) (description of physical limitations in performing routine tasks may be sufficient to allow the ALJ to infer total disability).

If the ALJ determines the evidence does not establish complicated pneumoconiosis on remand, the ALJ must reconsider whether Claimant established total disability at 20 C.F.R. §718.204(b)(2)(iv). She must first determine the exertional requirements of Claimant's usual coal mine work. She must then reconsider Dr. Harris's initial medical opinion on total disability considering those exertional requirements and its credibility considering his supplemental report. *See Lane v. Union Carbide Corp.*, 105 F.3d 166, 172 (4th Cir. 1997); *Walker v. Director, OWCP*, 927 F.2d 181, 184 (4th Cir. 1991). In rendering her credibility findings, the ALJ must consider the comparative credentials of the physicians, the explanations for their conclusions, and the documentation underlying their medical judgments. *See Milburn Colliery Co. v. Hicks,* 138 F.3d 524, 533 (4th Cir. 1998); *Sterling Smokeless Coal Co. v. Akers,* 131 F.3d 438, 441-42 (4th Cir. 1997). If Claimant establishes total disability at 20 C.F.R. §718.204(b)(2)(iv), the ALJ must also reweigh the evidence as a whole and determine whether Claimant has established total disability and invoked the Section 411(c)(4) presumption. *Fields v. Island Creek Coal Co.*, 10 BLR 1-19, 1-21 (1987); *Shedlock*, 9 BLR at 1-198.

If Claimant invokes the Section 411(c)(4) presumption, the ALJ must then consider whether Employer has rebutted it. 20 C.F.R. §718.305(d)(1)(i), (ii). If Claimant fails to establish total disability, an essential element of entitlement, the ALJ may reinstate the denial of benefits. *See Anderson v. Valley Camp of Utah, Inc.*, 12 BLR 1-111, 1-112 (1989); *Trent*, 11 BLR at 1-27; *Perry v. Director, OWCP*, 9 BLR 1-1, 1-2 (1986) (en banc). In rendering her findings on remand, the ALJ must comply with the APA.

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

SO ORDERED.

JONATHAN ROLFE
Administrative Appeals Judge

MELISSA LIN JONES
Administrative Appeals Judge

GLENN E. ULMER
Acting Administrative Appeals Judge