U.S. Department of Labor

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

BRB No. 24-0299

INNOCENT TUMUSIIME	)	
	)	
Claimant-Petitioner	)	
	)	
v.	)	**NOT-PUBLISHED**
	)	
TRIPLE CANOPY, INCORPORATED	)	
	)	
and	)	DATE ISSUED: 04/24/2026
	)	
CONTINENTAL CASUALTY COMPANY	)	
	)	
Employer/Carrier-Respondents	)	
	)	DECISION and ORDER

Appeal of the Decision and Order Denying Benefits of Paul C. Johnson, Jr., Administrative Law Judge, United States Department of Labor.

Christy L. Johnson (Mainstay Law), Seattle, Washington, for Claimant.

Krystal L. Layher and Rebecca R. Sonne (Markovich Grover PLLC), Houston, Texas, for Employer and its Carrier.[1]

Before: GRESH, Chief Administrative Appeals Judge, ROLFE and ULMER, Administrative Appeals Judges.

PER CURIAM:

[1] On March 5, 2025, Employer's and its Carrier's counsel, Kyrstal L. Layher, filed a Notice of Change of Representative's Business or Contact Information stating Employer's and its Carrier's counsel changed firms but will continue to represent Employer and its Carrier.

Claimant appeals Administrative Law Judge (ALJ) Paul C. Johnson, Jr.'s Decision and Order Denying Benefits (2021-LDA-00655) rendered on a claim filed pursuant to the Longshore and Harbor Workers' Compensation Act, as amended, 33 U.S.C. §§901-950 (Act), as extended by the Defense Base Act, 42 U.S.C. §§1651-1655 (DBA). We must affirm the ALJ's findings of fact and conclusions of law if they are rational, supported by substantial evidence, and in accordance with law.[2] 33 U.S.C. §921(b)(3); *O'Keeffe v. Smith, Hinchman & Grylls Assocs., Inc.*, 380 U.S. 359 (1965).

Claimant, a native of Uganda, allegedly sustained psychological injuries as a result of being exposed to life-threatening events while working for Employer as an armed security guard in Iraq from October 2007 to November 2011. Joint Stip. at 2. During this employment, Claimant was exposed to multiple improvised explosive device (IED) detonations, as well as rocket and mortar attacks. Joint Exhibit (JX) 10 at 51-52. When the mortar attacks instigated an "incoming" alarm, he would run to a bunker for safety. *Id.* at 52-53. He detailed fearing for his life regularly and taking cover in a bunker twice a day. *Id.* at 53-54, 58. In 2007, he witnessed a mortar attack hit close to him that killed two Americans and made him "very scared." *Id.* at 55-56. He experienced a similar mortar attack at Camp Prosperity in 2008 that also killed some Americans. *Id.* At Camp Basra in 2011, he observed many mortar attacks and recalled a specific day in September 2011 during which seven or eight mortars attacked the camp, causing him to hide in bunkers as he feared for his life. *Id.* at 59-61.

Claimant's last day of work for Employer in Iraq was November 4, 2011, due to the President ordering the withdrawal of American forces. JX 11 at 39; Joint Stip. at 2. After returning to Uganda, he assisted his wife with running a business selling charcoal. JX 11 at 15. He testified he began experiencing symptoms such as nightmares and aggressiveness, noting on one occasion he hit his wife. JX 10 at 34. He had bad dreams of "incomings," holding guns, and fighting. *Id.*

Claimant commenced his medical treatment on March 13, 2013, when he visited Dr. Ntulume, a generalist, at Seirah 2 clinic. JXs 9 at 1, 10 at 35, 11 at 92. During his visit, Claimant complained of irritability, headaches, poor sleep, forgetfulness, lack of concentration, and nightmares. JXs 9 at 1, 10 at 35-37. Dr. Ntulume diagnosed Claimant

[2] This case arises within the jurisdiction of the United States Court of Appeals for the Second Circuit because the office of the district director who filed the ALJ's decision is located in New York. 33 U.S.C. §921(c); *Glob. Linguist Sols., L.L.C. v. Abdelmeged*, 913 F.3d 921, 922 (9th Cir. 2019); *McDonald v. Aecom Tech. Corp.*, 45 BRBS 45, 47 (2011).

with post-traumatic stress disorder (PTSD), "emotional upset" and prescribed medications. JXs 9 at 2, 11 at 55-56, 61. In June 2016, Claimant returned to Dr. Ntulume due to worsening symptoms, including suicidal dreams. JX 11 at 61-62. Dr. Ntulume maintained his PTSD diagnosis and referred Claimant to Butabika Hospital. JX 9 at 1-2.

In January 2020, Claimant began treating at Butabika Hospital with Dr. Sylvia Nshemerirwe, a psychiatrist. Claimant's Exhibit (CX) 5; JX 9 at 6. She authored a report dated September 21, 2020, diagnosing Claimant with PTSD based on his reported symptoms, his work in a war zone and his indicating he was unable to return to his work for Employer. *Id.* at 4-6. Dr. Nshemerirwe recommended Claimant continue therapy and take his prescription medications. JX 9 at 10-11. Claimant continued to treat with Dr. Nshemerirwe during this claim. *Id.*

At Employer's request, Dr. Anna Mazur, a board-certified clinical neuropsychologist, examined Claimant on June 30, 2021, reviewed his treatment records, and administered various tests. Employer's Exhibits (EXs) 1, 2. Based on Claimant's reported symptoms and experiences, his test results, and Dr. Mazur's review of his medical records, she opined there is no reliable evidence that Claimant has a psychological injury related to his work with Employer or that he needs medical restrictions or mental health treatment. EX 1 at 13-14.

On November 22, 2021, Dr. Claire Kesande, a psychiatrist of the Kampala Youth Recovery Foundation, examined Claimant at his attorney's request. CX 6. Using psychometric testing and based on PSTD criteria under the American Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), she diagnosed Claimant with PTSD and mild depressive symptoms, determining he required medication and cognitive behavioral therapy. *Id.* at 7-10. She opined Claimant's exposure to a war zone caused or aggravated his psychological condition and he is unable to return to his prior work for Employer. *Id.*

Claimant filed a claim under the Act on March 25, 2020, seeking benefits for his alleged psychological condition. JX 1. Employer, who first received notice of the claim through an Office of Workers' Compensation Programs (OWCP) letter dated April 3, 2020, controverted the claim on April 24, 2020. CX 1; JX 2. The case was transferred to the Office of Administrative Law Judges (OALJ) on October 14, 2020. CX 2. While a hearing was not held, Claimant was deposed virtually on June 14, 2021, and he also provided a videotaped unsworn interview on April 7, 2022. JXs 10, 11.

On April 15, 2024, the ALJ issued his Decision and Order. First, he denied Claimant's outstanding motion to compel Employer to "supplement the underlying raw data, testing, and testing results of [its] expert [psychologist]'s opinion" as both untimely

and because Claimant had not shown good cause to extend discovery beyond the eighteen months it had already been open.[3] Decision and Order (D&O) at 3-4. On the merits of the case, the ALJ found Claimant established a prima facie case of compensable injury and invoked the Section 20(a) presumption, 33 U.S.C. §920(a), based on his testimony and documentation of a PTSD diagnosis from Drs. Kesande, Nshemerirwe, and Ntulume. D&O at 5; *see* CX 6; JXs 9, 10. However, the ALJ determined Employer rebutted the presumption with Dr. Mazur's medical opinion that Claimant does not have any psychological condition. D&O at 6. Considering the entire record, the ALJ found Dr. Mazur has superior qualifications, found her opinion better reasoned and documented than those of Claimant's treating physicians and expert, and assigned it the greatest weight. *Id.* at 6-8. Therefore, he concluded Claimant did not establish a work-related psychological condition by a preponderance of the evidence and denied his claim. *Id.* at 9.

Claimant appeals the ALJ's denial of benefits for his psychological condition.[4] He contends the ALJ erred in finding Dr. Mazur's opinion rebutted the Section 20(a)

[3] The initial written discovery deadline was August 31, 2021. D&O at 3; *see* Mar. 31, 2021 Notice of Docketing/Notice of Assignment/Scheduling Order. The ALJ extended the deadline to January 10, 2022. D&O at 3; *see* Nov. 10, 2021 Order Extending Discovery. He later granted the parties additional time to obtain "written testimonies" but noted they did not seek additional time to conduct written discovery. D&O at 3-4; *see* Mar. 1, 2022 Amended Scheduling Order. Claimant filed his motion to compel on April 27, 2022, five days before the close of the "written testimonies" discovery period. D&O at 4. Employer objected nine days after the close of that discovery period. *Id.* In denying the motion, the ALJ predicted that had he granted the motion at the time it was made, Claimant would have then needed additional time to review the information and provide a supplemental report – causing further delay. *Id.* As this case had been pending with the ALJ for over eighteen months, the ALJ found there was no good cause to extend the discovery deadline again. *Id.*

[4] Claimant first contends the ALJ erred in denying his motion to compel. We reject Claimant's argument that the ALJ erred as a matter of law by failing to rule on Claimant's motion to compel before Claimant submitted his formal hearing brief. Cl.'s Br. at 2, 14. He asserts the ALJ erred in relying on Dr. Mazur's opinion when the basis for her opinion, specifically the data and scores he requested, are not in the record. *Id.* at 14-15. The ALJ stated the proper means to acquire the requested information was a subpoena *duces tecum*, as the information was in the possession of the expert witness, not Employer. D&O at 3. Further, the ALJ stated that the motion to compel was nevertheless untimely filed as it was submitted after the close of written discovery and with only five days left in the special discovery extension period he granted for the parties to obtain "witness testimonies." The ALJ acted within his discretion in refusing to admit evidence after the discovery deadline

presumption and in giving it greater weight, while assigning diminished weight to the opinions of his treating physicians. Employer responds, urging the Board to reject Claimant's arguments.

As the parties do not challenge the ALJ's findings on invocation of the Section 20(a) presumption for Claimant's alleged PTSD or psychological condition, we affirm them. *Scalio v. Ceres Marine Terminals, Inc*., 41 BRBS 57, 58 (2007); D&O at 5.

Section 20(a) Rebuttal

When, as in this case, the Section 20(a) presumption is invoked, *Rose v. Vectrus Sys. Corp.*, 56 BRBS 27 (2022) (en banc), *appeal dismissed* (M.D. Fla. Aug. 24, 2023); *see also Rainey v. Dir., OWCP*, 517 F.3d 632, 634 (2d Cir. 2008), the burden shifts to the employer to produce substantial evidence that is "specific and comprehensive enough" to sever the connection between the claimant's condition and his employment. *Am. Stevedoring Ltd. v. Marinelli*, 248 F.3d 54, 65 (2d Cir. 2001); *Port Cooper/T. Smith Stevedoring Co. v. Hunter*, 227 F.3d 285, 288 (5th Cir. 2000); *see Noble Drilling Co. v. Drake*, 795 F.2d 478, 481 (5th Cir. 1986) (substantial evidence is that which a reasonable mind could accept to support a conclusion). The inquiry at rebuttal is whether the employer submitted "such relevant evidence as a reasonable mind might accept as adequate" to support a finding that the claimant's injury is not work-related. *Rainey*, 517 F.3d at 637. The employer's burden on rebuttal is one of production, not persuasion. A physician's unequivocal opinion that no relationship exists between the alleged injury and a claimant's employment is sufficient to rebut the presumption. *Suarez v. Serv. Emps Int'l, Inc.*, 50 BRBS 33, 36 (2016); *Cline v. Huntington Ingalls, Inc.*, 48 BRBS 5, 6-7 (2013); *O'Kelley v. Dep't of the Army/NAF*, 34 BRBS 39, 41-42 (2000); *Duhagon v. Metro. Stevedore Co.*, 31 BRBS 98, 100 (1997), *aff'd*, 169 F.3d 615 (9th Cir. 1999); *Holmes v. Universal Mar. Serv. Corp.*, 29 BRBS 18, 20 (1995).

Claimant contends the ALJ erred in finding Dr. Mazur's opinion sufficient to rebut the Section 20(a) presumption because he asserts it "was not scientifically reliable, the stated conclusions were not based on verifiable data, and the expert's opinions did not evidence reasonable medical judgment." Cl.'s Br. at 9-11. Additionally, he challenges the ALJ's lack of "scrutiny" of Dr. Mazur's report and his decision to give weight to her credentials and rely on her opinion which utilized testing not contained in the record. *Id.* at 11-15. We disagree. Claimant conflates the standards for rebutting the Section 20(a)

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and in this case the ALJ explained his reasons. 33 U.S.C. §923(a); *Everson v. Stevedoring Servs. of Am.*, 33 BRBS 149, 152 (1999); *Ramirez v. S. Stevedores*, 25 BRBS 260, 264 (1992); *McCurley v. Kiewest Co.*, 22 BRBS 115, 118 (1989); 20 C.F.R. §§702.338, 702.339.

presumption and proving there is a work-related injury by a preponderance of the evidence.

The inquiry at rebuttal concerns "whether the employer submitted evidence that could satisfy a reasonable fact finder that [Claimant's injury] is not work-related." *Haw. Stevedores, Inc. v. Ogawa*, 608 F.3d 642, 651 (9th Cir. 2010). Consequently, the employer's burden on rebuttal is one of production only. *Rainey*, 517 F.3d at 637 ("the employer's burden in rebutting the Section 20(a) presumption is a burden of production, not a burden of persuasion."); *Truczinskas v. Dir., OWCP*, 699 F.3d 672, 678 (1st Cir. 2012); *Rose*, 56 BRBS at 35. The weighing of conflicting evidence or of the credibility of evidence "has no proper place in determining whether [employer] met its burden of production." *Ogawa*, 608 F.3d at 651. The weight given to Claimant's supporting evidence does not affect Employer's burden of production on rebuttal – as the credibility of the evidence is not a consideration at the presumption's invocation or rebuttal stages of the causation analysis. *Ogawa*, 608 F.3d at 651; *Rose*, 56 BRBS at 35. If the employer successfully rebuts the presumption, then the ALJ may resolve the issue of causation based on the entire record. *Rainey*, 517 F.3d at 634; *Marinelli*, 248 F.3d at 65; *Universal Mar. Corp. v. Moore*, 126 F.3d 256, 262 (4th Cir. 1997); *Santoro v. Maher Terminals, Inc.*, 30 BRBS 171, 175 (1996).

Employer relied on Dr. Mazur's medical opinion, which unambiguously concluded Claimant is "not diagnosed with any mental health condition as a result of the current evaluation," including testing.[5] EX 1 at 13. She conducted both objective testing and verified the results with validity testing. *Id.* at 8-11. Dr. Mazur stated she observed inconsistencies in Claimant's behavior, accounts of his work history, and self-reporting of his symptoms, as well as noted overreporting of symptoms was indicated on several validity tests.[6] *Id.* at 4, 8-12. Ultimately, although Dr. Mazur stated Claimant "reported

[5] Dr. Mazur administered the Mental Status Exam (MSE), Generalized Anxiety Disorder Questionnaire-7 (GAD-7), the Clinician-Administered PTSD Scale-5 (CAPS-5), the Minnesota Multiphasic Personality Inventory- 2 Restructured Form (MMPI-2-RF); the Modified Somatic Perception Questionnaire (MSPQ); the Patient Health Questionnaire-9 (PHQ-9); the PTSD Checklist for DSM-5 (PCL-5); the Inventory of Problems (IOP); and the Disorder Probability Score (NDS). EX 1 at 5-10.

[6] For example, Dr. Mazur noted Claimant initially reported he has not worked since returning from Iraq but later stated he began running a business with his wife shortly after his return in 2011. EX 1 at 4. She also observed Claimant first stated his condition has improved with treatment, and he did not suffer from many symptoms, but later he reported his PTSD symptoms have been persistent and disabling. *Id.* Additionally, Dr. Mazur concluded three of Claimant's MMPI-2-RF T-scores indicated symptom overreporting,

symptoms consistent with PTSD," she did not arrive at "any specific diagnoses due to inaccurate symptom reporting and symptom magnification," and she concluded he does not have "any specific psychiatric or psychological disorder." EX 1 at 11, 13. As Dr. Mazur's opinion directly contradicts the Section 20(a) presumption that Claimant has a psychological injury, is the kind of evidence "a reasonable mind might accept as adequate" to support that conclusion, and because persuasiveness on the record as a whole is not an issue at this stage, it constitutes substantial evidence that is legally sufficient to rebut the presumption. *Rainey*, 517 F.3d at 637; *Cline*, 48 BRBS at 6-7; *Suarez*, 50 BRBS at 36; *O'Kelley*, 34 BRBS at 41-42; *Duhagon*, 31 BRBS at 100; *Holmes*, 29 BRBS at 20. Consequently, we affirm the ALJ's determination that Employer rebutted the Section 20(a) presumption with Dr. Mazur's opinion. D&O at 6.

Weighing the Evidence

Since we have affirmed the findings on invocation and rebuttal of the Section 20(a) presumption, the issue of causation must be resolved based on the evidence in the record as a whole with Claimant bearing the burden of persuasion by a preponderance of the evidence. *Dir., OWCP v. Greenwich Collieries*, 512 U.S. 267, 271 (1994); *Rainey*, 517 F.3d at 634; *Rose*, 56 BRBS at 39; *Bolden v. G.A.T.X. Terminals Corp*., 30 BRBS 71 (1996); *Santoro*, 30 BRBS at 174. Preponderance of the evidence is not a quantitative standard; rather, it is a standard which denotes a superiority of weight, requiring that the party having the burden of persuasion prove his position by more convincing evidence than the opposing party's evidence. *Santoro*, 30 BRBS at 174-175; *see* Black's Law Dictionary (12th ed. 2024); *see also* Barron's Law Dictionary (1984).

Claimant contends the ALJ erred in weighing the evidence because his weighing of Claimant's treating physicians' opinions is not supported by substantial evidence. Cl.'s Br. at 17-24. He also asserts it was irrational and contrary to law for the ALJ to assign Dr. Mazur's report greater weight, as he asserts it contained multiple deficiencies the ALJ did not properly scrutinize. *Id.* at 11-13, 16-17. Further, he argues his testimony, in conjunction with the opinions of his treating physicians, constitutes substantial evidence to

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and his NDS score indicated a 47% probability his responses were feigned. *Id.* at 9. Dr. Mazur opined that although elevations on symptom overreporting tests can occur in patients with "genuine psychological difficulties," Claimant's responses indicated "gross evidence of psychiatric disturbance" – which was not evidenced by Claimant's behavior at his evaluation – and his score was even higher than the average male psychiatric inpatient. *Id.* at 11.

meet his burden to establish causation. *Id.* at 17, 24. We agree, in part, and disagree, in part.

As a preliminary matter, questions of witness credibility are for the ALJ as the trier-of-fact and will be reversed only when they are patently unreasonable. *Pietrunti v. Dir., OWCP*, 119 F.3d 1035, 1042 (2d Cir. 1997); *Sealand Terminals v. Gasparic*, 7 F.3d 321, 323 (2d Cir. 1993); *Volpe v. Ne. Marine Terminals*, 671 F.2d 697, 700 (2d Cir. 1982); *John W. McGrath Corp. v. Hughes*, 289 F.2d 403, 405 (2d Cir. 1961); *Calbeck v. Strachan Shipping Co*., 306 F.2d 693 (5th Cir. 1962), *cert. denied*, 372 U.S. 954 (1963). He may accept parts of a witness's testimony and reject others, *Banks v. Chi. Grain Trimmers Ass'n*, 390 U.S. 459, 467 (1968); *Pimpinella v. Universal Mar. Serv. Inc.*, 27 BRBS 154, 157 (1993), and he may draw his own inferences and conclusions from the evidence, *Compton v. Avondale Indus., Inc.*, 33 BRBS 174, 176-177 (1999).

First, in weighing the medical evidence, the ALJ considered the credentials of Drs. Kesande, Nshemerirwe, and Ntulume as compared to those of Dr. Mazur. D&O at 7. He correctly noted the credentials of Drs. Kesande and Ntulume are not in the record. *Id.* at 2, 7. He found Dr. Mazur possessed greater qualifications than Claimant's treating physicians overall because she received a "comprehensive education in neuropsychology," conducted extensive research, published numerous articles, and gave lectures in that field. D&O at 7; EX 2. Despite Drs. Kesande's and Nshemerirwe's bachelor's degrees in medicine and master's degrees in psychiatry, the ALJ determined nothing in the record explains the requirements to attain those Ugandan degrees and neither doctor presented evidence indicating a record of research, publications, and teaching their specialty as compared to Dr. Mazur. D&O at 7; CXs 5, 6 at 1. Therefore, the ALJ reasonably determined Dr. Mazur is the most qualified of the doctors who rendered medical opinions. *Pietrunti*, 119 F.3d at 1042; *Gasparic*, 7 F.3d at 323; *Hughes*, 289 F.2d at 405; D&O at 7.

The ALJ next compared the reports from each doctor and assigned Dr. Mazur's opinion the most weight. D&O at 7-8. He found Dr. Mazur's opinion better reasoned and documented than the opinions of Drs. Nshemerirwe and Ntulume. *Id.* Specifically, he stated that Dr. Ntulume's "wholly conclusory" opinion merely recited a list of symptoms and diagnosed PTSD without explaining how he arrived at that diagnosis. D&O at 7; *see* JX 9. The ALJ also determined Dr. Nshemerirwe's diagnosis is inadequately explained because, unlike Dr. Mazur, she did not conduct a comprehensive examination or any psychological testing to support her PTSD diagnosis. Instead, she merely summarized Claimant's work and treatment history and concluded with a diagnosis and prescribing medication. D&O at 7-8; *see* JX 9 at 4-6. Because the ALJ provided valid reasons for giving less weight to the opinions of Drs. Nshemerirwe and Ntulume, we affirm these findings. *Pietrunti*, 119 F.3d at 1042; *Gasparic*, 7 F.3d at 323; *Hughes*, 289 F.2d at 405; D&O at 7.

Finally, the ALJ compared the opinions of Drs. Kesande and Mazur, the two experts of record. While the ALJ acknowledged Dr. Kesande interviewed Claimant, conducted certain psychological testing, and provided a basis for her PTSD diagnosis, making it "superficially … well-reasoned and documented," he noted the bulk of her report criticized Dr. Mazur's opinion and, "upon close examination," her report did not "bear scrutiny." D&O at 8. The ALJ gave two specific reasons for giving Dr. Kesande's opinion reduced weight and concluding Dr. Mazur's opinion is better explained and supported.

First, the ALJ rejected Dr. Kesande's opinion that her diagnosis is better informed than Dr. Mazur's because she spoke with Claimant in-person in Runyankole, the local dialect, while Dr. Mazur interviewed him virtually with the assistance of a court-certified Luganda interpreter. D&O at 8. Claimant asserts on appeal that the ALJ irrationally discredited Dr. Kesande's point. CX 6 at 8 (unpaginated). The ALJ found Claimant indicated he speaks Lugandan, he was able to understand the court-appointed interpreter who spoke Lugandan and English, and he never stated on the record that he also spoke or utilized Runyankole. D&O at 8; JXs 10 at 18, 11 at 26. Consequently, contrary to Claimant's argument, it was reasonable for the ALJ to conclude use of a Lugandan interpreter did not diminish Dr. Manzur's opinion. *Pietrunti*, 119 F.3d at 1042; *Gasparic*, 7 F.3d at 323; *Hughes*, 289 F.2d at 405; D&O at 8.

Next, the ALJ stated Dr. Kesande reported no evidence of symptom magnification but also criticized Dr. Mazur's diagnosis because she found symptom feigning and over-reporting. D&O at 8; CX 6 at 8 (unpaginated). The ALJ found Dr. Kesande did not test for symptom magnification while also finding her statement that there was no symptom magnification was "unsupported by the testing or otherwise in her report, and is inadequately explained." D&O at 8.[7] Contrary to the ALJ's assessment, Dr. Kesande

[7] The ALJ stated:

> Second, Dr. Kesande noted that Dr. Mazur made no diagnosis because she found symptom magnification and inaccurate symptom reporting. Dr. Kesande stated that she found no symptom magnification, but in her description of the psychological testing she performed, Dr. Kesande did not mention either the presence or absence of symptom magnification or reporting, and apparently did not test for those matters; while Dr. Mazur's description of her testing, specifically the results of the MMPI-2-RF, did. Thus, Dr. Kesande's opinion that she found no symptom magnification is unsupported by the testing or otherwise in her report, and is inadequately explained.

conducted validity testing and mentioned such testing in her report. Claimant correctly asserts that Dr. Kesande's reported results from the Millon Clinical Multiaxial Inventory (MCMI-III) test do not indicate symptom malingering. Cl.'s Br. at 22. In fact, Dr. Kesande stated that Claimant's MCMI-III score indicated he was "cooperative with the testing process," was "honest with his reporting," and that "results from his MCM-III don't show symptom magnification." CX 6 at 8-9, 12 (unpaginated). Because the ALJ gave Dr. Kesande's opinion less weight than Dr. Mazur's for an incorrect reason, which may have affected his overall weighing of their opinions, we cannot affirm that finding. *Dir., OWCP v. Gen. Dynamics Corp.* [*Fantucchio*], 787 F.2d 723, 725 (1st Cir. 1986); *Lynch v. Newport News Shipbuilding & Dry Dock Co.*, 39 BRBS 29, 33 (2005).

In addition, the ALJ concluded that, "[i]n short, Dr. Mazur's examination and report were the most thorough of those entered into evidence. Her opinions were the best-supported and best-explained. I give her reasons determinative weight." D&O at 8. While the ALJ is tasked with weighing the evidence, and his finding stands if it is supported by substantial evidence and is rational, we cannot affirm the ALJ's conclusion in this case. Other than the two factors discussed above, one affirmable and one not affirmable, we cannot discern from the ALJ's decision what else he based his "short" conclusion ("best-explained and best-supported") on, as both experts conducted tests, arrived at conclusions, and submitted written reports. Consequently, as one of the ALJ's determinations about Dr. Kesande's opinion was not accurate, and the ALJ failed to provide any further explanation or examples for why he found Dr. Mazur's opinion the more reasoned and thorough, we vacate the ALJ's weighing of the two experts' opinions. 5 U.S.C. §557(c)(3)(A) (decisions must "include a statement of . . . findings and conclusions, and the reasons or basis therefor"); *See v. Wash. Metro. Area Transit Auth.*, 36 F.3d 375, 384 (4th Cir. 1994) (remand is required where the decision lacks sufficient detail to allow a reviewing court to determine whether the underlying reasoning is proper.); *Frazier v. Nashville Bridge Co.*, 13 BRBS 436, 437 (1983) (it is the ALJ's responsibility to fully evaluate the relevant evidence and provide some level of detail in his rationale to enable the reviewing body to accurately assess the decision); *see Gelinas v. Elec. Boat Corp.*, 45 BRBS 69, 71-72 (2011); *Ballesteros v. Willamette W. Corp.*, 20 BRBS 184, 187 (1988); D&O at 8-9.

Finally, Claimant asserts that his medical record, when combined with his testimony, is sufficient to meet his burden of proof in establishing causation by a preponderance of the evidence.[8] Cl.'s Brief at 17, 24. Generally speaking, Claimant is

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D&O at 8.

[8] To the extent Claimant is asserting his treating physicians' opinions are automatically entitled to greater weight, we reject his argument. Where there are conflicting medical opinions, as here, the ALJ is not required to automatically give "special

correct that the evidence he submitted could be sufficient – under certain circumstances – to support a causation finding. Where there is conflicting evidence, the factfinder must consider and weigh the evidence. *Kkunsa v. Constellis Grp./Triple Canopy, Inc*., 59 BRBS 1, 4 (2025). Therefore, Claimant's evidence is sufficient to meet his burden only *if* it is credited. As such, we reject Claimant's argument that his treating physicians' opinions, coupled with his own testimony, automatically support a favorable finding on causation and an award of benefits.

The ALJ conducted the proper steps of the causation analysis – invocation, rebuttal, and weighing. Nevertheless, we vacate his finding that Claimant has not established he has a work-related injury by a preponderance of the evidence and the denial of benefits, and we remand the case for reconsideration of the weighing of the medical experts' opinions. The ALJ must fully explain his conclusions. If the ALJ finds Claimant has met his burden and established a work-related injury, the ALJ must then consider the remaining disputed issues. If the ALJ finds Claimant has not met his burden and does not have a work-related injury, he may again deny the claim.

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weight" to treating physicians' opinions. *Kkunsa v. Constellis Grp./Triple Canopy, Inc*., 59 BRBS 1, 4 (2025). Rather, he must consider all relevant evidence, assess the weight and credibility of each opinion, and explain his rationale in reaching a decision on the evidence. *Id.* at 4-5.

Accordingly, we vacate the ALJ's weighing of the expert opinions and the denial of benefits and remand the case for further consideration consistent with this opinion. In all other respects, we affirm the ALJ's Decision and Order Denying Benefits.

SO ORDERED.

DANIEL T. GRESH, Chief
Administrative Appeals Judge

JONATHAN ROLFE
Administrative Appeals Judge

GLENN E. ULMER
Administrative Appeals Judge