

U.S. Department of Labor

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



BRB No. 24-0336

ALDO CHAVEZ MARTINEZ

Claimant-Petitioner

v.

INTERNATIONAL DEVELOPMENT
SOLUTIONS

and

CONTINENTAL INSURANCE COMPANY

Employer/Carrier-
Respondents

NOT-PUBLISHED

DATE ISSUED: 08/24/2026

DECISION and ORDER

Appeal of the Decision and Order Denying Benefits of Stephen R. Henley,
Chief Administrative Law Judge, United States Department of Labor.

Allison T. Graber and Jacob S. Garn (Attorneys Jo Ann Hoffman &
Associates, P.A.), Lauderdale-By-The-Sea, Florida, for Claimant.

Christian J. Berchild and Javier A. Valencia (Thomas Quinn, LLP), San
Francisco, California, for Employer and its Carrier.

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

GRESH and ULMER, Administrative Appeals Judges:

Claimant appeals Chief Administrative Law Judge (ALJ) Stephen R. Henley's
Decision and Order Denying Benefits (2021-LDA-00694) 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). The Benefits Review Board must affirm the ALJ’s Decision and Order if it is rational, supported by substantial evidence, and in accordance with applicable law.¹ 33 U.S.C. §921(b)(3); *O’Keeffe v. Smith, Hinchman & Grylls Assocs., Inc.*, 380 U.S. 359, 361-362 (1965).

Claimant allegedly sustained psychological injuries while working for Employer as a security guard at the United States embassy in Afghanistan from July 2010 to March 2011. Claimant claimed a rocket hit the embassy in late December 2010 while he was on guard duty, he experienced “other attacks,” local civilians made threatening gestures at him and told him to go home, and he participated in drills involving alarms, megaphones, and bullhorns. Hearing Tr. at 49, 55-58. Employer and its Carrier (Employer) conceded “there is little doubt that the events Claimant described happened – he reported them generally consistently and had videos and photos of the aftermath.” Employer’s Post-Hearing Br. at 30-31. The ALJ found Claimant invoked the Section 20(a) presumption, 33 U.S.C. §920(a), linking his injuries to his work for Employer, and Employer rebutted the presumption. In weighing the evidence, the ALJ found Claimant failed to establish a work-related psychological injury by a preponderance of the evidence. Therefore, he denied medical benefits.

On appeal, Claimant contends the ALJ erred in finding Employer rebutted the presumption and in weighing the evidence.² Employer responds in support of the ALJ’s decision. Claimant filed a reply reiterating his arguments on appeal.

¹ 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 handled this claim is located in New York. 33 U.S.C. §921(c); *Glob. Linguist Sols., LLC v. Abdelmeged*, 913 F.3d 921, 922 (9th Cir. 2019); *Hice v. Dir., OWCP*, 156 F.3d 214, 218 (D.C. Cir. 1998) (“The location of . . . the district director[] who handled [the] claim determines the proper court to hear [the] appeal.”); *see also McDonald v. Aecom Tech. Corp.*, 45 BRBS 45, 47 (2011); Referral Letter (Aug. 7, 2024).

² We affirm, as unchallenged on appeal, the ALJ’s finding Claimant invoked the Section 20(a) presumption that his psychological injury is work-related. *See Scilio v. Ceres Marine Terminals, Inc.*, 41 BRBS 57, 58 (2007); D&O at 26.

Section 20(a)

Rebuttal

Once a claimant invokes the Section 20(a) presumption, 33 U.S.C. §920(a), linking his injuries to his work, the burden shifts to the employer to produce substantial evidence that the claimant's condition is not work-related. *Rainey v. Director, OWCP*, 517 F.3d 632, 634 (2d Cir. 2008); *Am. Stevedoring, Ltd. v. Marinelli*, 248 F.3d 54, 65 (2d Cir. 2001); *O'Kelley v. Dep't of the Army/NAF*, 34 BRBS 39, 41 (2000). The employer's burden on rebuttal is one of production, not persuasion. *Rose v. Vectrus Sys. Corp.*, 56 BRBS 27, 32 (2022) (Decision on Recon. en banc), *appeal dismissed* (M.D. Fla. Aug. 24, 2023); *Suarez v. Serv. Emps. Int'l, Inc.*, 50 BRBS 33, 36 n.4 (2016); *Cline v. Huntington Ingalls, Inc.*, 48 BRBS 5, 7 (2013). 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. A physician's unequivocal opinion that there is no injury or that no relationship exists between the alleged injury and a claimant's employment is sufficient to rebut the presumption. *Suarez*, 50 BRBS at 36; *Cline*, 48 BRBS at 6-7; *O'Kelley*, 34 BRBS at 41-42.

Employer relied on the opinion of psychologist Dr. Jessica Groberio to rebut the presumption. Dr. Groberio interviewed Claimant, administered psychological testing, and reviewed Claimant's medical records.³ Employer's Exhibits (EXs) 1, 4, 6, 12. She opined Claimant's psychological evaluation results indicated he was exaggerating symptoms and "over-reporting [] psychological dysfunction and somatic and cognitive impairment." EX 1 at 7. In addition, she opined Claimant's reported symptoms were inconsistent with his presentation during the interview. EX 5 at 4-5. Therefore, she concluded there is no evidence that Claimant has a work-related psychological condition. EX 4 at 7, 6 at 6, 12 at 20. The ALJ found Dr. Groberio's opinion sufficient to rebut the presumption because she conducted a comprehensive evaluation using objective testing to determine Claimant does not have a work-related psychological condition. Decision and Order (D&O) at 27.

We reject Claimant's assertion that the ALJ applied an incorrect standard at the rebuttal stage. Claimant's Br. at 15. The ALJ accurately stated Employer's burden is one of production and it must produce "substantial evidence" that Claimant's injury was not caused or aggravated by his employment; the ALJ performed the correct analysis. D&O

³ Dr. Groberio administered the Minnesota Multiphasic Personality Inventory-2 (MMPI-2-RF), Beck Anxiety Inventory, Beck Depression Inventory-II, PTSD Checklist-5, Neurobehavioral Symptom Inventory, Patient Competency Rating Scale, WHODAS 2.0, and Clinical-Administered PTSD Scale for DSM-5 (CAPS-5). EX 1 at 6.

at 26-27 (citing *Bath Iron Works Corp. v. Preston*, 380 F.3d 597, 605-606 (1st Cir. 2004)). We also reject Claimant's assertion that the ALJ erred in finding Employer rebutted the presumption. Claimant's Br. at 5-15; Claimant's Reply at 2-6. Because Dr. Groberio's opinion directly contradicts the presumption that Claimant has a work-related injury and is the kind of evidence "a reasonable mind" might accept as adequate to support those conclusions in Employer's favor, the ALJ accurately found it legally sufficient to rebut the presumption. See *Rainey*, 517 F.3d at 637; *Suarez*, 50 BRBS at 36; *Cline*, 48 BRBS at 6-7; *O'Kelley*, 34 BRBS at 41-42; D&O at 10, 13-14. Claimant's argument that Dr. Groberio's opinion is inconsistent and equivocal goes to its weight, which is not an appropriate consideration at the rebuttal stage of the Section 20(a) analysis because Employer's burden at this stage is one of production, not persuasion. See *Rainey*, 517 F.3d at 637; *Rose*, 56 BRBS at 32; Claimant's Br. at 5-15; Claimant's Reply at 2-6. Consequently, we affirm the ALJ's finding that Employer rebutted the Section 20(a) presumption.⁴ See *Clinchfield Coal Co. v. Director, OWCP [Vanderpool]*, 164 F.4th 342, 347 (4th Cir. 2026) (the duty of explanation under the Administrative Procedure Act (APA) is satisfied so long as the ALJ makes clear what he did and why he did it); *Am. Energy, LLC v. Director, OWCP [Goode]*, 106 F.4th 319, 332 n.6 (4th Cir. 2024) (same); D&O at 27.

Weighing the Evidence

Where the Board has affirmed the ALJ's finding that the employer rebutted the Section 20(a) presumption, the ALJ must resolve the issue of causation based on the evidence of the whole record with the claimant bearing the burden of persuasion. See *Rainey*, 517 F.3d at 634; *Rose*, 56 BRBS at 39; see generally *Director, OWCP v.*

⁴ Claimant generally asserts he has been deprived of due process "to adequately address" the ALJ's rebuttal findings. Claimant's Br. at 15. Due process requires a party be afforded notice of the claim and the opportunity to respond. See *Goldberg v. Kelly*, 397 U.S. 254, 267-68 (1970); *Mathews v. Eldridge*, 424 U.S. 319, 349 (1976). Claimant has not demonstrated how any alleged error by the ALJ prejudiced him or rose to the level of a due process violation. See *Downey v. Gen. Dynamics Corp.*, 22 BRBS 203, 205 (1989) (due process not violated where the party had an opportunity to respond); *Carter v. Gen. Elevator Co.*, 14 BRBS 90, 93 (1981) (due process requires "a party [to] demonstrate an abuse of discretion which results in prejudice to it"). Specifically, Claimant has not shown how he was not given the opportunity to address Employer's rebuttal evidence. Moreover, the proper causation analysis, as the ALJ performed, allows Claimant to put forth his arguments and evidence, as well as respond to Employer's rebuttal evidence when the ALJ weighs the evidence of record. This opportunity satisfies due process. Therefore, we reject Claimant's assertion that he was deprived of due process.

Greenwich Collieries [Ondecko], 512 U.S. 267, 271 (1994); *Santoro v. Maher Terminals, Inc.*, 30 BRBS 171, 174 (1996). The ALJ has “the discretion to evaluate the credibility of a claimant and to arrive at an independent judgment, in light of medical findings and other evidence.” *Pietrunti v. Director, OWCP*, 119 F.3d 1035, 1042 (2d Cir. 1997). In addition, the ALJ has discretion in evaluating the medical opinions and whether they are rationally based on their underlying documentation. *Brown v. Nat’l Steel & Shipbuilding Co.*, 34 BRBS 195, 201 (2001); *see also Calbeck v. Strachan Shipping Co.*, 306 F.2d 693, 695 (5th Cir. 1962), *cert. denied*, 372 U.S. 954 (1963); *John W. McGrath Corp. v. Hughes*, 289 F.2d 403, 405 (2d Cir. 1961). The Board must affirm the ALJ’s findings if they are rational and supported by substantial evidence. *Carswell v. E. Pihl & Sons*, 999 F.3d 18, 27 (1st Cir. 2021), *cert. denied*, 142 S. Ct. 1110 (2022); *Mendoza v. Marine Pers. Co.*, 46 F.3d 498, 500-501 (5th Cir. 1995); *see Kkunsu v. Constellis Grp./Triple Canopy, Inc.*, 59 BRBS 1, 4-5 (2025).

The ALJ considered Claimant’s testimony and the opinions of Ms. Grecia Ines Angel Diosa, Ms. Anabelly Cabrera Leyton, Ms. Sandra D’Luyz Ortega, Dr. Alvaro Chavez Cabrero, and Dr. Gustavo Benejam that Claimant has a work-related psychological condition, and the contrary opinion of Dr. Groberio that he does not have any psychological condition.⁵ D&O at 10-24, 27-34; CXs 25, 28, 30, 32, 34, 35; EXs 1, 4, 6, 11, 12. The ALJ first discredited Claimant’s testimony because he provided an inconsistent account of his symptoms to his providers and demonstrated a willingness to return to work in “an active war zone” overseas in the same type of work that he claimed caused his disabling symptoms while simultaneously alleging he could not perform that type of work due to his symptoms. D&O at 28-29. The ALJ then gave Dr. Groberio’s opinion greater weight than Claimant’s treating providers’ and expert’s opinions because he found it is better reasoned and documented and because Dr. Groberio adequately explained why she concluded Claimant does not have a psychological condition. *Id.* at 33-34. Therefore, the ALJ found Claimant failed to establish a work-related injury. *Id.* at 34.

⁵ Dr. Chavez is a psychiatrist and Dr. Benejam is a clinical psychologist. EXs 11 at 69-70, 34. The ALJ noted that Ms. Ines, Ms. Cabrera, and Ms. Ortega are each licensed to practice psychology in Colombia but do not hold a doctorate or medical degree, and he declined to address them as “doctor.” D&O at 7-13 nn.11, 18, 20. However, the ALJ did not discredit their opinions on this basis. D&O at 29-31. Consequently, we reject Claimant’s assertion that the ALJ erred in failing to address them as “doctor.” *See Pietrunti v. Director, OWCP*, 119 F.3d 1035, 1042 (2d Cir. 1997); *Clinchfield Coal Co. v. Director, OWCP [Vanderpool]*, 164 F.4th 342, 347 (4th Cir. 2026) (the duty of explanation under the APA is satisfied so long as the ALJ makes clear what he did and why he did it); Claimant’s Br. at 17.

Initially, we address Claimant's argument that the ALJ erred in discrediting his testimony. Claimant's Br. at 18, 26-34. In assessing Claimant's credibility, the ALJ found Claimant "gave conflictive reports" about his treatment history. D&O at 28. Specifically, he observed that Claimant endorsed suicidal ideations with Dr. Groberio and Dr. Chavez but denied suicidal thoughts with Dr. Benejam and Ms. Cabrera and did not mention such thoughts during his deposition. *Id.* at 28-29; CXs 28 at 3, 30 at 2, 34 at 5; EXs 1 at 7, 11 at 51, 71. He also noted that although Claimant reported experiencing psychological symptoms after his first employment overseas with a different employer from November 2006 to April 2008, he was subsequently employed by Employer from July 2010 to March 2011.⁶ CX 34 at 3-5; EXs 1 at 2-3, 11 at 40. And after his second overseas employment, he enrolled in security supervisor classes. EX 1 at 3. The ALJ "appreciate[d]" Claimant's economic need to work abroad but found his "willingness to return to an active war zone significantly diminishes" his credibility because he was searching for the same type of work that he claimed caused his disabling symptoms. D&O at 28. In addition, the ALJ found Claimant inconsistently reported the number of appointments he attended with Ms. Ortega, noting that Claimant testified to attending six appointments with Ms. Ortega but submitted only one appointment into the record and reported to Dr. Benejam that he met with Ms. Ortega only once "due to financial reasons." *Id.*; CXs 32, 34 at 6; EX 11 at 64-65. Similarly, the ALJ noted Claimant did not mention the medical treatment he received from Ms. Ines during his deposition. D&O at 28. The ALJ concluded "these inconsistencies raise significant concerns about Claimant's veracity" and found Claimant has "only some credibility" as to his employment history and "lacks credibility" as to his symptoms and treatment. *Id.* at 29.

We are unable to affirm the ALJ's findings. While the ALJ is entitled to evaluate the credibility of witnesses and draw his own inferences and conclusions from the evidence, the Board is not bound to accept an ultimate finding or inference if it was reached in an invalid manner or is not supported by substantial evidence. *Howell v. Einbinder*, 350 F.2d 442, 444 (D.C. Cir. 1965); *Director, OWCP v. Bethlehem Steel Corp. [Roberson]*, 620 F.2d 60, 64 (5th Cir. 1980); *see also Pietrunti*, 119 F.3d at 1042; *Hughes*, 289 F.2d at 405. A finding lacking the support of substantial evidence is not in accordance with law and must be set aside. *See Director, OWCP v. Gen. Dynamics Corp. [Fantucchio]*, 787 F.2d 723, 724 n.1 (1st Cir. 1986). Contrary to the ALJ's findings, the fact that Claimant may have met with Ms. Ortega only once,⁷ did not mention the medical treatment he received

⁶ Dr. Groberio's report identified Claimant's claimed symptoms following work under four different contracts of employment. EX 1 at 3-4.

⁷ The record establishes Claimant met with Ms. Ortega for at least one appointment, as the ALJ acknowledged the record of a psychological evaluation appointment with Ms. Ortega is included in the case record. D&O at 13, 28; CX 32. Plus, the record contains

from Ms. Ines during his deposition,⁸ or whether he reported suicidal thoughts has no apparent bearing on whether the record provides substantial evidence of Claimant's alleged psychological injury due to experiencing traumatic events in a war zone working for Employer.⁹ D&O at 28-29. Without further explanation, these relatively insignificant or inconsequential discrepancies do not necessarily discount or negate Claimant's credibility regarding his alleged psychological injury. See *Kubin v. Pro-Football, Inc.*, 29 BRBS 117, 120 (1995) (an ALJ may credit a claimant's testimony despite inconsistencies); *Harrison v. Todd Pac. Shipyards Corp.*, 21 BRBS 339, 342 (1988) (although the claimant gave varying accounts, ALJ rationally discounted the discrepancies as insignificant); *Alley v. Julius Garfinckel & Co.*, 1 BRBS 66, 69-70 (1974) (a claimant's exaggeration of symptoms does not disqualify compensation for actual disability); *Kkunsa*, 59 BRBS at 4-5 (ALJ must explain his rationale). In addition, without more explanation, it is not clear why Claimant's "willingness to expose himself to potential danger" in "an active war zone" to reap the benefit of the "pay disparity" due to his "economic need" necessarily detracts from the veracity of his alleged psychological symptoms, injury, or disability.¹⁰ See *Kkunsa*, 59 BRBS at 4-5; D&O at 24, 29; EX 12 at 79-80. Consequently, as it is irrational and not supported by substantial evidence, we vacate the ALJ's decision to give little weight to Claimant's testimony. See *Howell*, 350 F.2d at 444; *Roberson*, 620 F.2d at 64. On remand, the ALJ must reconsider the evidence and better explain the rationale for his assessment of Claimant's credibility.

The ALJ also discredited the opinions of Claimant's treating medical professionals for relying on his self-reported symptoms because the ALJ found Claimant "lacks

evidence of four other psychological treatment appointments from three other treatment providers. D&O at 10-12; CX 26, 29, 31.

⁸ The ALJ acknowledged the record establishes Claimant treated with Ms. Ines, as a treatment note from Ms. Ines is in the record. D&O at 10; CX 26.

⁹ While the ALJ remarked that Claimant did not always report suicidal ideations, the record shows Claimant consistently complained of other symptoms, such as depression, anxiety, irritability, insomnia, and nightmares. D&O at 28-29; CXs 25, 28, 30, 34 at 5; EX 1 at 4.

¹⁰ Specifically, the ALJ acknowledged "Claimant's apparent economic need to work abroad," having noted Dr. Groberio admitted to "the pay disparity" Claimant received for doing so. D&O at 24, 29; EX 12 at 79-80.

credibility” regarding his symptoms, which we have vacated.¹¹ D&O at 29-31. Similarly, the ALJ discredited Dr. Benejam’s opinion, who provided a forensic psychological evaluation of Claimant on his behalf, because Dr. Benejam had relied on the opinions of three of Claimant’s treating medical professionals.¹² *Id.* at 32. In addition, the ALJ discredited Claimant’s four treating medical professionals because they did not perform “objective or diagnostic testing” or “validity testing.” *Id.* at 29-31. Finally, the ALJ further discredited the opinions of Ms. Cabrera and Dr. Chavez because they did not include a description of the traumatic events Claimant allegedly experienced while working for Employer. *Id.* at 30.

In contrast, the ALJ credited Dr. Groberio’s opinion because she relied on the results of the psychological tests she administered, as well as her observations of Claimant’s behavior and symptoms, and her review of his medical records. *Id.* at 33; EXs 1 at 1-6, 4 at 3. However, Dr. Groberio’s opinion rests on validity test scores she has not produced, and we note her report also does not discuss the traumatic events Claimant experienced.¹³

¹¹ Ms. Ines and Ms. Cabrera both diagnosed Claimant with PTSD and “other problems related to stressful life events” based on his symptoms. CXs 25, 28. Ms. Ortega opined Claimant should “continue in [p]sychotherapies to improve his mental health,” CX 32, and Claimant testified at his deposition that he discussed his symptoms with her. *See* EX 11 at 65, 113; D&O at 8. Dr. Chavez diagnosed Claimant with PTSD and anxiety based on his reported symptoms. CX 30 at 2.

¹² Dr. Benejam diagnosed Claimant with PTSD and major depressive disorder with anxiety based on his symptoms and the results of the psychological tests he conducted. CX 34 at 19.

¹³ Employer conceded Claimant experienced the traumatic events he described, Employer’s Post-Hearing Br. at 30-31, and even Employer’s expert, Dr. Groberio, ultimately conceded at her deposition that “he was exposed to traumatic events where his life was at risk,” *see* EX 12 at 94. Consequently, whether Claimant’s treating providers included a description of those events has no bearing on the credibility of their opinions as to whether Claimant has the psychological injury they diagnosed. Employer’s Post-Hearing Br. at 30-31. Moreover, the ALJ addressed the traumatic events (Claimant’s working conditions) and concluded such working conditions existed that could have caused Claimant’s alleged psychological injury at the invocation stage. D&O at 26. Thus, the issue at weighing in this case is whether the traumatic events Claimant experienced at work caused any psychological symptoms, injury, or disability. *See Rainey v. Director, OWCP*, 517 F.3d 632, 634 (2d Cir. 2008); *Rose v. Vectrus Sys. Corp.*, 56 BRBS 27, 39 (2022) (Decision on Recon. en banc), *appeal dismissed* (M.D. Fla. Aug. 24, 2023).

D&O at 29-33; EXs 1 at 7-8, 4 at 1, 6 at 4-5. The ALJ did not explain why the absence of “objective or diagnostic testing” or “validity testing” in Claimant’s clinical treatment records weighs against Claimant, when even Dr. Groberio conceded that when she treats or provides therapy to her own clinical patients she does not perform validity testing and only administers tests that rely on a patient’s self-reporting, *see* EX 12 at 75-76. Nor does the ALJ explain why the non-production of validity scores in a dispositive expert’s report, where the expert states it is the primary basis for her opinion, does not weigh against Employer.¹⁴ D&O at 29-33. Therefore, the level of scrutiny does not appear even-handed, and the ALJ failed to provide an adequate reason for the distinction.¹⁵ *See Howell*, 350 F.2d at 444; *Roberson*, 620 F.2d at 64; D&O at 29-33.

Consequently, because the ALJ’s error in weighing Claimant’s credibility affected his weighing of the medical opinion evidence, and because the ALJ did not properly resolve the conflict in the medical opinions or adequately explain his findings, we also vacate his weighing of the medical evidence. We therefore remand the case for further consideration.¹⁶ *See Pietrunti*, 119 F.3d at 1042; *Hughes*, 289 F.2d at 405; *see also Fantucchio*, 787 F.2d at 724 n.1.

¹⁴ The ALJ gave Dr. Groberio’s opinion “slightly less weight” based on her requiring Claimant to retake part of the examination. D&O at 33.

¹⁵ We reject Claimant’s assertion that the ALJ erred by characterizing Dr. Groberio’s opinion as an independent medical examiner when she was Employer’s expert and was compensated for her opinion. Claimant’s Br. at 20-23. In the absence of specific evidence of bias, party affiliation is not a dispositive factor in determining the weight to be assigned to the medical evidence of record. *See Greene v. King James Coal Mining, Inc.*, 575 F.3d 628, 637 n.6 (6th Cir. 2009) (bias cannot be presumed merely because an expert is compensated for his opinion); *Urgolites v. BethEnergy Mines, Inc.*, 17 BLR 1-20, 1-23 n.4 (1992); *Melnick v. Consolidation Coal Co.*, 16 BLR 1-31, 1-35-36 (1991) (en banc) (it is error to discredit, as biased, a medical report prepared for litigation absent a specific basis for finding the report to be unreliable). Claimant identified no evidence in the record to support his contention that Dr. Groberio’s opinion should be discredited as biased, nor has he cited legal authority for his position.

¹⁶ We reject Claimant’s suggestion that all doubtful questions of fact should be resolved in his favor as it represents an incorrect statement of the law. *Director, OWCP v. Greenwich Collieries [Ondecko]*, 512 U.S. 267, 280 (1994) (the “true doubt” rule violates Section 7(c) of the APA requiring the burden of proof remain with the claimant, 5 U.S.C.

Remand Instructions

On remand, the ALJ must reconsider Claimant's credibility and reweigh all the medical opinions to determine whether Claimant established a compensable work-related injury by a preponderance of the evidence. *See Rose*, 56 BRBS at 39; *Suarez*, 50 BRBS at 36. In rendering his credibility findings, the ALJ must consider the comparative credentials of the physicians, the explanations for their conclusions, the documentation underlying their medical judgments, and the sophistication of and bases for their diagnoses. *See Pietrunti*, 119 F.3d at 1042; *Calbeck*, 306 F.2d at 695; *Hughes*, 289 F.2d at 405; *Addison v. Ryan-Walsh Stevedoring Co.*, 22 BRBS 32, 36 (1989) (ALJ must consider all relevant evidence); *Frazier v. Nashville Bridge Co.*, 13 BRBS 436, 437 (1983) (same). In making his determinations, the ALJ must explain the bases for his findings in accordance with the APA.¹⁷ 5 U.S.C. §557(c)(3)(A); *See v. Wash. Metro. Area Transit Auth.*, 36 F.3d 375, 384 (4th Cir. 1994).

§556(d)); *Santoro v. Maher Terminals, Inc.*, 30 BRBS 171, 175 (1996); Claimant's Br. at 26-27.

¹⁷ The Administrative Procedure Act, 5 U.S.C. §§500-591, requires that every adjudicatory decision include a statement of "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 33 U.S.C. §919(d); *Santoro*, 30 BRBS at 172.

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.

DANIEL T. GRESH
Administrative Appeals Judge

GLENN E. ULMER
Administrative Appeals Judge

ROLFE, Acting Chief Administrative Appeals Judge, concurring:

I concur with the majority's decision. But I write separately because I would tell the ALJ more than we have told him, because I believe several of the grounds on which he denied this claim are not grounds he may take up again on this documentary record by simply rewording them.

With no hearing, the ALJ's witness credibility findings are not entitled to heightened deference.

As a threshold matter, I recognize our deferential level of review when it comes to weighing evidence and I do not propose to soften it. We must affirm findings that are "supported by substantial evidence, rational, and in accordance with law." *O'Keeffe v. Smith, Hinchman & Grylls Assocs., Inc.*, 380 U.S. 359, 361-362 (1965). That standard is generous to the factfinder, and it should be, particularly where the case turns on witness credibility. But that deference is at its nadir in these circumstances.

No hearing occurred in this case. The ALJ decided the claim on a documentary record. He never saw these witnesses, never heard them answer a question, never watched them hold steady or falter under cross-examination. Witness credibility determinations are given special weight precisely because a factfinder can observe a witness's manner at a

critical moment, which cannot be captured in a transcript, because a factfinder who observes a witness sees things a transcript cannot preserve. *Universal Camera Corp. v. NLRB*, 340 U.S. 474, 496 (1951) (noting that the Senate and House committee reports for the Administrative Procedure Act both recognized that ALJ findings “would be of consequence, for example, to the extent that material facts in any case depend on the determination of credibility of witnesses as shown by their demeanor or conduct at the hearing.”).

Where credibility determinations are drawn from paper, however, the need for any added deference evaporates. *Id.* (highlighting the importance of “impartial, experienced [ALJs] who [have] observed the witnesses *and lived with the case*”) (emphasis added); *Bechtel Constr. Co. v. Sec’y of Lab.*, 50 F.3d 926, 933 n.3 (11th Cir. 1995) (“the length and complexity of the trial are relevant to the issue of deference due an ALJ.”); *Penasquitos Village, Inc. v. NLRB*, 565 F.2d 1074, 1079 (9th Cir. 1977) (“But it should be noted that the administrative law judge’s opportunity to observe the witnesses’ demeanor does not, by itself, require deference with regard to his or her derivative inferences. Observation of demeanor makes weighty only the observer’s testimonial inferences.”).

On a cold record, we read what the ALJ reads, we are in the same position to draw inferences from it, and under our general substantial evidence standard of review, we can affirm only reasonable conclusions drawn in consideration of that record as a whole. *Universal Camera Corp.*, 340 U.S. at 477 (substantial evidence is “such relevant evidence as a reasonable mind might accept as adequate to support a conclusion.”) (citation omitted); *Pietrunti v. Director, OWCP*, 119 F.3d 1035, 1042 (2d Cir. 1997) (witness credibility must be evaluated “in light of medical findings and other evidence” in the case.).

On this record, where the underlying traumatic exposures unquestionably occurred, the ALJ drew overly broad inferences from a handful of selectively chosen facts having little to do with those foundational events. As a result, I would make clear the record does not rationally support his conclusions.

The traumatic events at the core of this case are undisputed and must guide the inferences made from the record.

Employer told us exactly where our review must begin when it explicitly conceded in its post-hearing brief before even beginning its argument in this case: “there is little doubt that the events Claimant described happened -- he reported them generally consistently and had videos and photos of the aftermath.” Employer’s Post-Hearing Br. at 30-31.

I take Employer at its word. Claimant’s consistent reporting of his war zone exposures did not waiver and must comprise the fixed core of our review. *See, e.g., Ceres*

Marine Terminal, Inc. v. Director, OWCP [Jackson], 848 F.3d 115, 122 (4th Cir. 2016) (longshore worker who developed PTSD after fatally striking a coworker with a forklift entitled to benefits because the Act's exposure-based framework governs psychological injuries, rejecting "a requirement that psychological injuries must be accompanied by actual or threatened physical harm."); *Todd Shipyards Corp. v. Black*, 717 F.2d 1280, 1286 (9th Cir. 1983) (in a workplace exposure case, "[a]ll that must be proved is that the covered employer exposed the worker to injurious stimuli in sufficient quantities to cause [injury].").

Claimant reported both very specific traumatic experiences and constant general anxiety from his three deployments working as a security guard protecting the United States' interests in two different war zones, the first two deployments in Iraq and the last in Afghanistan. In both arenas, he was assigned to checkpoints and access control areas to screen individuals and vehicles for explosives. He reported being in a steady state of alertness and corresponding stress from nearly the beginning of his first deployment in November 2006 to the end of the last one in March 2011 -- an ever-present uneasy equilibrium punctured by witnessing moments of intense violence and its aftermath.

Several events stand out. In December 2006, during a series of mortar attacks, a car was destroyed behind his barracks, about one hundred meters from him. He felt the concussion wave and ingested the smoke. In 2007, on a night shift in an observation tower, he was forced to take shelter during an attack. He learned afterward that it had killed three of his coworkers.¹⁸

That same year, a grenade destroyed a bunker fifty meters from him. Another grenade landed nearby but failed to detonate. He believed it would have killed him. Another grenade attack destroyed a checkpoint about one hundred and fifty meters away. He walked out and looked at the bodies of coworkers who had been killed. The sheets laid over them were soaked with their blood. That all occurred in his first deployment in Iraq, ending in April 2008.

He returned to Iraq from June 2009 to December 2009 for a second stint to do the same work, back into similarly intense mortar attacks, and back into the perpetual threat of suicide bombers at his checkpoints. He returned once more from June 2010 to March 2011, this time protecting the United States Embassy in Afghanistan, although the same violence and threats of violence that he endured protecting checkpoints in Iraq persisted. In

¹⁸ The facts in this section are taken from the report of Claimant's forensic expert, but they are nearly identical to those contained in Employer's expert report. As noted, neither party disputes them. *Compare* CXs 34-35 with EXs 1, 4, 6.

December 2010, for example, a rocket detonated two hundred meters away. He felt it, he smelled it, and he photographed the aftermath.

His overseas deployments ended three months after that last attack because, Claimant testified, Employer concluded he could no longer satisfactorily perform his duties in a war zone. D&O at 6.

Because these events are conceded, this appeal presents one question, and it is an uncomplicated one to state: whether a man who lived through those years sustained some psychological injury, or whether he came away from them unscathed and has been fabricating ever since. In answering that question, the ALJ adopted Employer's expert's conclusion without reservation and rejected, nearly wholesale, every source on the Claimant's side of the ledger: Claimant's deposition testimony, multiple treating providers, and a forensic psychologist. But by building that categorical rejection on an incomplete foundation, the ALJ's broad conclusions suffer material defects. Three failures of reasoning stand out.

First, the ALJ discredited Claimant, and in a cascading chain reaction of events, every one of his witnesses, over inconsistencies too trivial to handle such weight. *Second*, the ALJ created a false distinction by finding only Claimant's treatment providers relied on subjective self-reporting in diagnosing Claimant and then compounded that error by ignoring that forensic and clinical practices serve different purposes and answer different questions when it comes to validity testing. *Third*, the ALJ faulted Claimant's treatment providers for not engaging the conceded exposures yet demanded no such reckoning from the Employer's forensic expert -- the one witness whose finding of no injury required it, and who recited those events and moved past them without a word.

Minor inconsistencies in Claimant's reporting of symptoms and treatment history do not justify discrediting his entire claim.

The ALJ began his weighing of Claimant's credibility by correctly acknowledging the authorities holding that insignificant discrepancies do not undermine a claimant's credibility and that symptom exaggeration alone does not preclude recovery. *Id.* at 26-27 ("Insignificant discrepancies, or discrepancies that fall within the expected range of variance, do not necessarily discount a claimant's credibility[.]" and even "the fact that a claimant lied or exaggerated does not disentitle her to compensation for any disability," because "exaggeration of physical complaints does not negate the existence of a disability.") (internal citations omitted); see *Kubin v. Pro-Football, Inc.*, 29 BRBS 117, 120 (1995) (an ALJ may credit a claimant's testimony despite inconsistencies); *Harrison v. Todd Pac. Shipyards Corp.*, 21 BRBS 339, 342 (1988) (although the claimant gave

varying accounts, ALJ rationally discounted the discrepancies as insignificant); *Alley v. Julius Garfinckel & Co.*, 1 BRBS 66, 69-70 (1974) (a claimant's exaggeration of symptoms does not disqualify compensation for actual disability).

Having recited those principles, however, the ALJ nonetheless summarily discredited the Claimant's mostly steady reporting of his psychological symptoms over a period of years on three undeniably minimal grounds: 1) while Claimant submitted one treatment record from a provider, he did not mention that one-off treatment during his deposition; 2) Claimant said he attended six sessions with another treatment provider when the record documents one; and 3) Claimant endorsed suicidal ideation among a host of similar symptoms to some providers and forensic experts over the years but did not mention it to others at other times. D&O at 28.

That's it. Without explaining why (or defining what *is* acceptable) the ALJ concluded after simply listing these discrepancies that they "do not fall within the expected range of variance[.]" *Id.* at 28-29. And apart from the ALJ's additional concern about Claimant's single (but rejected) application to seek overseas employment with Employer after 2012, these purported inconsistencies supply the only reason the ALJ drew a rigid distinction between finding Claimant's reports about his workplace exposures entirely credible while simultaneously wholly rejecting his reports as to their effect.¹⁹

Yet in the light of those traumatic events, the inconsistencies appear as the very paradigm of insignificant discrepancies. Whether Claimant recounted every therapy

¹⁹ The ALJ's summary conclusion about Claimant's unsuccessful application to return to work for Employer creates its own conflicts. Despite his recognition that even lies and exaggerations do not negate the existence of injury, and his further acknowledgement that long-standing precedent has established that ALJs may accept claimants' "explanations that [they] did not disclose work-related injuries to subsequent employers as this could undermine [their] chances of being hired[.]" D&O at 28 n.28 (citation omitted), the ALJ never explained *why* Claimant's rejected application fundamentally undermined his credibility.

For her part, Employer's forensic expert testified in her deposition that Claimant's application was akin to a survivor of rape seeking to return to "the situation" that caused them distress:

... it's kind of, if you could imagine someone, I mean, I don't want to be too graphic, but it's like if someone was raped overseas and then you would imagine that there wouldn't be an amount of money that could really motivate someone to return to the situation in which they were assaulted,

session (whether as a one-off or part of a series) he attended in a deposition -- taken through a translator three years after the therapy took place -- does not on its face suggest he lied about *how* witnessing dead coworkers lined on the ground from an attack he survived psychologically scarred him. Nor did the ALJ fill that gap. Similarly, the ALJ's discussion of suicidal ideation deals only with the number of times Claimant *mentioned* the symptom -- while ignoring whether Claimant lived through the kinds of things that would lead to the desire to end suffering or escape emotional pain, whether experienced fleetingly or consistently over a period of years.²⁰

A discrepancy can be real and still be immaterial; too slight to bear on whether a claimant's account is true. So when such a broad adverse finding rests on discrepancies of

right? That would be odd for someone to return to the exact same employer, with the exact country, in the exact same hotel that they're alleging has caused them significant, impairing distress.

EX 12 at 80. That expert, despite the comparison, nevertheless concluded Claimant suffered no psychological injury at all from witnessing the uncontested traumatic events.

²⁰ The ALJ centered his conclusion on the observation that Claimant endorsed suicidal ideation with Dr. Groberio and Dr. Chavez but denied it with Dr. Benejam and Ms. Cabrera. D&O at 28. While that is true, the ALJ never explained why the absence of suicidal ideation at any one moment in time is dispositive on this record, particularly when Dr. Benejam reported a host of similar symptoms:

[Claimant's] number and intensity of symptoms continued to increase over time. Symptomatology included being unable to concentrate, hypervigilance, anxious, depressed, being irritable, isolated, detached from others, having intrusive thoughts, excessive worry, anhedonia, negative cognitions, warzone memories, sleep disturbance and nightmares where he is in danger of death, guarded, easily startled, forgetfulness, avoiding situations that would remind of past traumatic events, appetite disturbance, among other symptoms.

CX 34 at 5. Significantly, the Columbia Suicide Severity Rating Scale treats suicidal ideation as existing on a continuum ranging from a fleeting and passive "wish to be dead" to active intent -- such that a denial at one therapeutic visit cannot negate its documented presence at another, as the ALJ incorrectly inferred. *Columbia-Suicide Severity Rating Scale*, the Columbia Lighthouse Project, <https://cssrs.columbia.edu/> (last visited August 21, 2026.). Indeed, in discussing suicide ideation, Employer's expert testified: "[S]uicide's tricky because we obviously don't want anyone to be at risk for suicide, but there's different

this kind, the problem isn't that the ALJ weighed the evidence differently than we would, but that the finding lacks the rational, record-based support the law requires. *See, e.g., Shrestha v. Holder*, 590 F.3d 1034, 1044 (9th Cir. 2010) (noting that under the REAL ID Act, which affirmatively states that a factfinder may consider inaccuracies or falsehoods that do not go to the heart of an asylum claim, "trivial inconsistencies that under the total circumstances have no bearing on a petitioner's veracity" nevertheless still "should not form the basis of an adverse credibility determination.").

This matters more than it initially may appear, because the ALJ did not merely discount Claimant's deposition testimony on these details. He instead took a sledgehammer to Claimant's entire claim with it. In a case that turns on witness credibility, he rests, in significant part, his evaluation of *each* of Claimant's witnesses not on the content of their treatment notes or their relationship with Claimant, but on Claimant's impugned credibility: "I previously concluded that Claimant is not credible with respect to his symptoms, therefore Ms. Cabrera's reliance on Claimant's self-reporting further reduces the value of her treatment notes and diagnoses" and "[a]s such her treatment notes have limited probative value." D&O at 30 (evaluating Ms. Cabrera), 29-30 (evaluating Ms. Ines), 30-31 (evaluating Dr. Chavez), 31 (evaluating Ms. Ortega), 31 (finding Claimant's forensic expert also "relied on the opinions of Claimant's treating medical professionals to support his diagnosis[.]").

To be clear, that wholesale rejection rests on a forgotten deposition answer, a miscount of a handful of therapy sessions, and a variation in how a struggling man answered a question about wanting to die at different points in time. In my view, none of these three reasons can bear the weight assigned to it given what Claimant went through, and on remand I would make clear none of them may be used to support a general adverse credibility finding for either Claimant or his providers. *Universal Camera Corp.*, 340 U.S. at 477; *Pietrunti*, 119 F.3d at 1042. The ALJ correctly already identified the governing

levels of risk. *So the presence of just simple – not simple – the presence of fleeting or brief thoughts of death or preoccupation of death and no longer wanting to be living are quite common.*" EX 12 at 76 (emphasis added).

principle. *Harrison*, 21 BRBS at 342; *Alley*, 1 BRBS at 69-70. He is, on remand, bound by it.

The ALJ drew a false distinction between the self-reported symptoms he found Claimant’s treating providers used to diagnose Claimant and the “objective” forensic instruments used by Employer’s expert.

The ALJ’s other principal ground for discrediting Claimant’s treating providers, once again applied in near identical language to all of them, was that each “did not administer objective or diagnostic testing[.]” D&O at 29 (Ms. Ines), 30 (Dr. Chavez), 31 (noting Ms. Ortega “did not perform any diagnostic or validity testing[.]”). Out of the gate, however, neither Employer nor the ALJ identifies what “objective testing” could even consist of in this field, and neither cites anything for the proposition that any psychological instrument could produce data independent of what the examinee reports about himself. Nor does the record supply it.

Indeed, it refutes it. In the test results portion of her initial report, for example, Employer’s expert listed seven instruments under the topic “Self-Report Inventories.” EX 1 at 7-8. Not surprisingly, all of them, as acknowledged by the title, exclusively rely on Claimant’s subjective endorsement of symptoms. *Id.* And in her second report that disclosed the symptom validity tests that she initially refused to even identify -- the SIMS, NSI, the MMPI-2-RF, and the TOMM and Dot Counting Test -- she likewise acknowledged that the scores, which she never produced, are taken from Claimant’s answers to questions about himself.²¹ EX 4 at 2.

Employer’s expert thus did not obtain some observer-independent measure of this man’s mind that qualitatively differs from his treatment providers methods as the

²¹ Some of these instruments do not appear to be as probing as the impressive sounding acronyms might otherwise suggest. For example, the Neurobehavioral Symptom Inventory, or NSI -- originally developed to measure post-concussion symptoms after minor brain injuries but repurposed here by Employer’s expert to apply to a PTSD claim - - is a simple self-report questionnaire in which the subject rates how much each primarily physical symptom bothers them on a zero to four scale: none, mild, moderate, severe, and very severe. *See* <https://www.health.mil/Reference-Center/Forms/2015/04/30/Neurobehavioral-Symptom-Inventory-Form> (last visited August 21, 2026). Employer’s expert does not explain how the answers to these questions about physical injuries could help her determine whether Claimant exaggerated his mental anguish, and although she stated in her report his score was “clinically elevated,” EX 1 at 13, she admitted in her deposition it did not establish exaggeration. EX 12 (“Q: Does the NSI have validity measures? . . . A: It does. Q: And he passed that, didn’t he? A: Yes. He

“objective” label implies; she just obtained the same self-reported symptoms in a structured format and scored them against norms. *Id.* Structure, norms, and internal consistency checks are obviously worth something, however, and I do not dispute that a forensic expert could explain, and an ALJ could accept, that in a specific context they should be considered more probative than treatment records.²²

But nothing in this record establishes that these forensic instruments are some categorically different *type* of evidence. One that is somehow intrinsically objective while a clinician’s diagnostic interview can be summarily discarded, as the ALJ did, as mere subjective self-reporting. As long-standing precedent has recognized across the law, psychiatry does not work that way. *See, e.g., Buck v. Berryhill*, 869 F.3d 1040, 1049 (9th Cir. 2017) (noting psychiatric “[d]iagnoses will always depend in part on the patient’s self-report, as well as the clinician’s observations of the patient” because “such is the nature of psychiatry.”) (citation omitted); *Poulin v. Bowen*, 817 F.2d 865, 873 (D.C. Cir. 1987) (“[U]nlike a broken arm, a mind cannot be x-rayed.”). The dichotomy the ALJ built to strip away Claimant’s treatment providers’ remaining credibility thus does not exist in this record (nor likely any other), *Universal Camera Corp.*, 340 U.S. at 477; *Pietrunti*, 119 F.3d at 1042, and on remand I would make clear the ALJ cannot rely on it in evaluating witness credibility.²³

Because validity testing establishes only exaggeration, which the ALJ correctly held does not negate injury, the ALJ has not explained how the Employer’s expert’s

did not exceed the cut score.”). The test also notes (right at the top) that it is designed to track symptoms over time; how it could be used as a one-time validity measure in a PTSD claim also remains unexplained.

²² The same superior probative value, of course, can in another context be attributed to the relationship between a claimant and his treatment providers, which in the right circumstances demands “special weight.” *Amos v. Director, OWCP*, 153 F.3d 1051, 1054 (9th Cir. 1998); *see also Glob. Linguist Sols., LLC v. Abdelmeged*, 913 F. 921, 923 (2019) (claimant in PTSD case met his burden to establish disability through his testimony, the testimony of his treating physician, and his inability to earn his former wages upon his return from Iraq); *Ceres Marine Terminals v. Director, OWCP [Jackson]*, 848 F.3d 115, 124 (4th Cir. 2016) (ALJ permissibly credited Claimant’s treating physician in PTSD claim over IME physician who alleged personality assessment inventory tests demonstrated malingering).

²³ To the extent the ALJ may have used this criticism to mean Claimant’s treating providers took his account of his symptoms at face value without any check on whether that account was accurate, the criticism misinterprets the function of clinical practice. That

opinion can establish no injury occurred on a record of otherwise conceded but unaddressed trauma.

The ALJ's decision in this case relies entirely on the Employer's expert's opinion, so it is necessary to understand exactly what that opinion holds: she did not simply assert that Claimant exaggerated a psychological injury, she categorically insisted he suffered no psychological injury at all. Indeed, in the conclusion of her report that supplies the answers to Employer's counsel's material questions about the claim, she repeats the precise phrase "the current evaluation did not support a psychological condition" eighteen times over the course of five and a half pages. EX 1 at 8-13. But the question is not how many times she repeated that conclusion in her report, it's whether there is anything in the report that could establish it. Logic dictates there isn't.²⁴

Strip her report to its reasoning and only validity testing and allegations of symptom magnification remain. For example, she ultimately conceded at her deposition that Claimant "was exposed to traumatic events where his life was at risk," EX 12 at 94, and she acknowledges that Claimant met every criterion for a PTSD diagnosis on the test she administered. EX 1 at 8. But she nevertheless summarily concludes "[g]iven the

is a description of validity testing, and even Employer's expert testified validity testing is not appropriate in a clinical setting. *See, e.g.,* EX 12 at 75 ("Q: You do not apply validity measures; is that right? A: To my private practice patients? No."). To be clear, an ALJ may find that treatment records and a forensic evaluation are not equivalent evidence on the question of symptom exaggeration if supported by a reasonable basis in a particular record: that treatment records were not generated to detect over-reporting might be a sound reason to prefer forensic evidence on that specific issue. *But it is not a reason to devalue those records' diagnoses, observations, and documentation of course of treatment as a matter of course. And it is not a shortcoming of the clinicians.*

²⁴ The Act and its extensions do not require a claimant to prove a "condition" to be eligible for benefits. They instead require a claimant to prove "an injury," 33 U.S.C. §902, and they do not distinguish between physical and psychological harms. *Jackson*, 848 F.3d at 122. The Supreme Court of the United States has broadly recognized the definition of injury as something that "unexpectedly goes wrong with the human frame," arising out of and in the course of employment. *U.S. Indus./Fed. Sheet Metal, Inc., v. Director, OWCP*, 455 U.S. 608, 611 (1982).

Claimant's consistent pattern of symptom magnification and over-reporting on tests of validity, the results of the CAPS-5 are considered unreliable." *Id.*

Yet even if fully credited (and there are reasons to doubt here where the test answers and scores were not disclosed) that testing can establish only one thing: that Claimant over-reported his symptoms. And the ALJ already correctly held that symptom exaggeration alone does not negate the fact of injury. D&O at 26-27; *supra* at 15. So the evidence the expert offered reaches "his self-report is exaggerated and unreliable" and stops there. It does not, and cannot, reach "he is uninjured."

In my view, there is only one way to coherently cross that gap on this record, and it runs directly through the traumatic events Employer and its expert conceded at the outset of its case. To conclude that a man with this exposure history suffered no injury, she had to explain why events of this nature (which are themselves evidence), standing apart from Claimant's self-report, would not lead to psychological harm given Claimant's credible evidence it did. *Jackson*, 848 F.3d at 122; *Black*, 717 F.2d at 1280. Her report recites the exposures but then reasons entirely from validity scores, as though the years of exposures while protecting American lives in war zones were background rather than central facts bearing on whether injury occurred.

Deferential as it is, our standard is not so toothless it says nothing. Substantial evidence is measured against the record as a whole. *Universal Camera Corp.*, 340 U.S. at 477; *Pietrunti*, 119 F.3d at 1042. An opinion that concludes "no injury" while declining to confront the working conditions alleged to have caused the injury has not been weighed against the whole record but against a portion of it. I would, therefore, vacate the finding that Claimant suffered no psychological injury and remand for the ALJ to explain how an opinion resting solely on evidence of exaggeration, which by his own holding does not negate injury, can establish 'no injury' on a record of conceded but unaddressed trauma. *Id.*

JONATHAN ROLFE, Acting Chief
Administrative Appeals Judge