U.S. Department of Labor

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

BRB No. 23-0277 BLA

VIVIAN PREECE (Widow of CHARLES PREECE) Claimant-Petitioner v. PREECE COAL COMPANY Employer-Respondent DIRECTOR, OFFICE OF WORKERS' COMPENSATION PROGRAMS, UNITED STATES DEPARTMENT OF LABOR Party-in-Interest	)	DATE ISSUED: 07/18/2024 DECISION and ORDER

Appeal of the Decision and Order Denying Benefits of Jason A. Golden, Administrative Law Judge, United States Department of Labor.

Jonathan C. Masters (Masters Law Office PLLC), South Williamson, Kentucky, for Claimant.

Michael A. Pusateri (Greenberg Traurig, LLP), Washington, D.C., for Employer.

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

PER CURIAM:

Claimant appeals Administrative Law Judge (ALJ) Jason A. Golden's Decision and Order Denying Benefits (2018-BLA-05949) rendered on a claim filed pursuant to the Black

Lung Benefits Act, as amended, 30 U.S.C. §§901-944 (2018) (Act). This case involves a survivor's claim filed on May 30, 2017.[1]

The ALJ found the Miner had less than fifteen years of coal mine employment and, therefore, Claimant did not invoke the presumption of death due to pneumoconiosis at Section 411(c)(4) of the Act,[2] 30 U.S.C. §921(c)(4) (2018). He also found the evidence did not establish the existence of complicated pneumoconiosis and thus Claimant did not invoke the irrebuttable presumption of death due to pneumoconiosis under Section 411(c)(3) of the Act, 30 U.S.C. §921(c)(3). The ALJ then considered whether Claimant established entitlement under 20 C.F.R. Part 718 without the benefit of either presumption. He found the evidence does not establish the existence of pneumoconiosis[3] or that the Miner's death was due to pneumoconiosis. 20 C.F.R. §§718.202(a), 718.205(c). Thus, he denied benefits.

On appeal, Claimant argues the ALJ erred in finding the x-ray evidence does not establish complicated pneumoconiosis or simple clinical pneumoconiosis. Claimant also contends the ALJ erred in finding the medical opinion evidence does not support a finding

[1] Claimant is the widow of Charles Preece (the Miner), who died on April 11, 2017. Director's Exhibit 8. Although the Miner filed a living miner's claim on May 2, 2008, he was never determined eligible to receive benefits during his lifetime. *See Preece v. Preece Coal Co.*, BRB No. 16-0367 BLA (May 5, 2017) (unpub.). Thus Claimant is not entitled to benefits under Section 422(*l*) of the Act, 30 U.S.C. §932(*l*). Under that section a survivor of a miner who was determined to be eligible to receive benefits at the time of his death is automatically entitled to survivor's benefits without having to establish the miner's death was due to pneumoconiosis. 30 U.S.C. §932(*l*) (2018).

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

[3] "Clinical pneumoconiosis" consists of "those diseases recognized by the medical community as pneumoconioses, *i.e.*, the conditions characterized by permanent deposition of substantial amounts of particulate matter in the lungs and the fibrotic reaction of the lung tissue to that deposition caused by dust exposure in coal mine employment." 20 C.F.R. §718.201(a)(1). "Legal pneumoconiosis" includes any chronic lung disease or impairment and its sequelae arising out of coal mine employment. 20 C.F.R. §718.201(a)(2).

of clinical pneumoconiosis.[4] Employer responds, urging affirmance of the denial of benefits. The Director, Office of Workers' Compensation Programs, has declined to file a brief in this appeal.

The Benefits Review Board's scope of review is defined by statute. We must affirm the ALJ's Decision and Order if it is rational, supported by substantial evidence, and in accordance with applicable law.[5] 33 U.S.C. §921(b)(3), as incorporated by 30 U.S.C. §932(a); *O'Keeffe v. Smith, Hinchman & Grylls Assocs., Inc.*, 380 U.S. 359 (1965).

In a survivor's claim, Claimant must establish the Miner had pneumoconiosis arising out of coal mine employment and his death was due to pneumoconiosis. *See* 20 C.F.R. §§718.202(a), 718.203, 718.205(a); *Trumbo v. Reading Anthracite Co.*, 17 BLR 1-85, 1-87-88 (1993). A claimant may establish death causation through the invocation of the statutory presumptions at Section 411(c)(3) or Section 411(c)(4).[6] When no presumption is invoked, the claimant bears the burden of establishing that pneumoconiosis caused or was a substantially contributing cause leading to the miner's death. 20 C.F.R. §718.205(b)(1), (2). Pneumoconiosis is a substantially contributing cause if it hastens the miner's death. 20 C.F.R. §718.205(b)(6). Failure to establish either requisite element of entitlement (pneumoconiosis or death causation) precludes an award of benefits. *See Trumbo*, 17 BLR at 1-87-88.

Simple and Complicated Pneumoconiosis

[4] We affirm, as unchallenged on appeal, the ALJ's findings that the Miner worked less than fifteen years in coal mine employment and, therefore, Claimant did not invoke the presumption of death due to pneumoconiosis at Section 411(c)(4) of the Act. 20 C.F.R. §718.305; *see Skrack v. Island Creek Coal Co.*, 6 BLR 1-710, 1-711 (1983); Decision and Order at 4. We also affirm, as unchallenged on appeal, the ALJ's determinations that the biopsy evidence, computed tomography scan evidence, and treatment records do not support a finding of simple or complicated pneumoconiosis. 20 C.F.R. §§718.202(a)(2), 718.304(b), (c); *see Skrack*, 6 BLR at 1-711; Decision and Order at 7-14.

[5] This case arises within the jurisdiction of the United States Court of Appeals for the Sixth Circuit because the Miner performed his coal mine employment in Kentucky. *See Shupe v. Director, OWCP*, 12 BLR 1-200, 1-202 (1989) (en banc); Hearing Tr. at 28; Director's Exhibit 3.

[6] As noted above, Claimant does not challenge the ALJ's finding that the Miner worked less than fifteen years in coal mine employment. Therefore, she is not entitled to the presumption of death due to pneumoconiosis at Section 411(c)(4).

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

There are two forms of clinical pneumoconiosis under the Act, simple and complicated. Relevant to this appeal, an x-ray may establish the simple form of the disease if the interpreting physician identifies parenchymal abnormalities consistent with pneumoconiosis Categories 1, 2, or 3, which denote small opacities under International Labour Organization (ILO) standards. 20 C.F.R. §718.102 (standards for x-rays), *incorporating by reference Guidelines for the Use of the ILO International Classification of Radiographs of Pneumoconioses*, Revised edition 2011 (ILO Guidelines); *see* 30 U.S.C. §921(c)(3).

Complicated pneumoconiosis, also referred to as progressive massive fibrosis, is the more severe form of the disease and is addressed at Section 411(c)(3) of the Act, 30 U.S.C. §921(c)(3). Under that section, the disease can be established with evidence that the miner suffered from a chronic dust disease of the lung which: (a) when diagnosed by x-ray, yields one or more large opacities greater than one centimeter in diameter that would be classified under ILO standards as Category A, B, or C, denoting large opacities; (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 reveal a result equivalent to (a) or (b). *See* 20 C.F.R. §718.304.

The ALJ found the x-rays, biopsy/autopsy evidence, computed tomography scans, treatment records, medical opinions, and all the evidence weighed together, do not establish simple or complicated pneumoconiosis. Decision and Order at 5-14. Because he found complicated pneumoconiosis was not established, the ALJ determined Claimant is not entitled to the irrebuttable presumption of death due to pneumoconiosis. *Id*. at 14. He further found Claimant's failure to establish death due to either clinical or legal pneumoconiosis precludes her entitlement to benefits.

X-ray Evidence

Claimant argues the ALJ erred in finding the x-rays do not establish simple or complicated clinical pneumoconiosis. Claimant's Brief at 5-6, 10-11. He contends the ALJ found the three interpreting physicians (Drs. Crum, Seaman, and Meyer) equally qualified but then "inexplicably" found the x-ray evidence does not support a finding of either form of the disease. Claimant surmises that because the three physicians' readings "are in equipoise, then we are unable to understand how the ALJ arrived at the conclusion

that the chest x-ray evidence does not support a finding of clinical pneumoconiosis." Claimant's Brief at 5-6, 10-11. We disagree.

The ALJ considered three interpretations of an x-ray dated August 12, 2015 and one interpretation of an x-ray dated November 6, 2015; he accurately observed all the interpreting physicians are dually-qualified Board-certified radiologists and B readers. Decision and Order at 5-7. He noted Dr. Crum read the August 12, 2015 x-ray as positive for complicated pneumoconiosis, category A, and simple pneumoconiosis, profusion 1/0, in all lung zones. Director's Exhibit 9. He also noted Drs. Meyer and Seaman provided contrary readings, interpreting the same x-ray as completely negative for simple and complicated pneumoconiosis. Employer's Exhibits 1, 3. Finally, the ALJ observed that Dr. Meyer provided the sole reading of the November 6, 2015 x-ray, interpreting it as negative for simple and complicated pneumoconiosis. Employer's Exhibit 1.

Initially, we affirm as unchallenged on appeal the ALJ's determination that the November 6, 2015 x-ray is negative for simple and complicated pneumoconiosis. *See Skrack v. Island Creek Coal Co.*, 6 BLR 1-710, 1-711 (1983); Decision and Order at 7.

Further, we are not persuaded by Claimant's arguments that the ALJ erred in weighing the August 12, 2015 x-ray. As Claimant acknowledges, the ALJ permissibly assigned Drs. Crum, Meyer, and Seaman "equal weight" based on their radiological qualifications, as all three physicians are dually-qualified. *See Melnick v. Consol. Coal Co.*, 16 BLR 1-31, 1-33 (1991) (en banc); Decision and Order at 7. Next, given his determination that the three physicians' readings are entitled to equal weight and the fact that Dr. Crum read the x-ray as positive for simple and complicated pneumoconiosis while Drs. Meyer and Seaman read it as entirely negative, the ALJ permissibly found the x-ray is preponderantly negative and thus "the *preponderant weight* of the interpretations" is insufficient to establish either simple or complicated pneumoconiosis. *See Worhach v. Director, OWCP*, 17 BLR 1-105 (1993); *Roberts v. Bethlehem Mines Corp.*, 8 BLR 1-211 (1985); *Dixon v. North Camp Coal Co.*, 8 BLR 1-344 (1985); Decision and Order at 7 (emphasis added).

Thus, the ALJ did not find this x-ray in equipoise; he permissibly found the preponderance of the readings negative and do not support Claimant's burden of proof to establish the disease. Moreover, even if the three x-ray readings "are in equipoise" as Claimant suggests, she does not explain how such a finding would support her burden of proof, as she bears the burden of persuasion. *See Shinseki v. Sanders*, 556 U.S. 396, 413 (2009) (appellant must explain how the "error to which [it] points could have made any difference").

Because the ALJ properly conducted both a qualitative and quantitative assessment of the conflicting interpretations of the August 12, 2015 x-ray, and his determination is supported by substantial evidence, we affirm his finding that this x-ray is insufficient to establish the presence of either simple or complicated pneumoconiosis. 20 C.F.R. §§718.202(a)(1), 718.304(a); *see Staton v. Norfolk & Western Ry. Co.*, 65 F.3d 55, 59 (6th Cir. 1995); *Woodward v. Director, OWCP*, 991 F.2d 314, 321 (6th Cir. 1993); Decision and Order at 7.

Having found neither the August 12, 2015 x-ray nor the November 6, 2015 x-ray supports a finding of simple or complicated pneumoconiosis, the ALJ permissibly found the preponderance of the x-ray evidence overall is insufficient to affirmatively establish either disease. 20 C.F.R. §718.202(a)(1); *see Director, OWCP v. Greenwich Collieries* [*Ondecko*], 512 U.S. 267, 279-81 (1994); *Dixie Fuel Co. v. Director, OWCP* [*Hensley*], 820 F.3d 833, 843 (6th Cir. 2016); *Sunny Ridge Mining Co. v. Keathley*, 773 F.3d 734, 740 (6th Cir. 2014); Decision and Order at 7. Consequently, we affirm his finding. Decision and Order at 7. We therefore also affirm the ALJ's finding Claimant did not invoke the irrebuttable presumption of total disability due to pneumoconiosis at Section 411(c)(3) of the Act. Decision and Order at 14.

Medical Opinion Evidence

Claimant next argues the ALJ erred by summarily dismissing Drs. Ammisetty's and Baker's opinions diagnosing simple clinical and complicated pneumoconiosis. Claimant's Brief at 7-10. We disagree.

The ALJ considered the medical opinions of Drs. Ammisetty, Baker, Rosenberg, and Tuteur. Decision and Order at 12-14. Dr. Ammisetty opined the Miner had simple and complicated pneumoconiosis, while Drs. Rosenberg and Tuteur concluded he did not. Claimant's Exhibit 3; Employer's Exhibits 6, 7. Dr. Baker initially commented that the medical evidence he reviewed was "conflicting" as to the existence of simple and complicated pneumoconiosis. However, he appeared to agree with Dr. Crum's positive x-ray findings because Dr. Crum "has been very good" at diagnosing complicated pneumoconiosis on x-ray while "physicians that work for the mining companies usually find some possible explanation of any x-ray changes." Claimant's Exhibit 1 at 2.

Dr. Ammisetty

Dr. Ammisetty diagnosed simple and complicated pneumoconiosis because Dr. Crum's reading of the Miner's chest x-ray "shows pneumoconiosis," including small opacities of simple pneumoconiosis and a Category A large opacity of complicated pneumoconiosis. Claimant's Exhibit 3 at 2. The ALJ correctly observed that Dr. Ammisetty relied on Dr. Crum's interpretation of the August 12, 2015 x-ray to diagnose

simple and complicated clinical pneumoconiosis. Decision and Order at 12-13; Claimant's Exhibit 3 at 2. The ALJ additionally found Dr. Ammisetty "appears to have parroted Dr. Crum's comments on the ILO form" because he provided the same remarks as Dr. Crum regarding the presence of pleural plaques on the Miner's diaphragm and a large A opacity with diffuse pleural thickening in the right upper lung. Decision and Order at 13; Claimant's Exhibit 3 at 2. Thus, the ALJ permissibly discounted Dr. Ammisetty's opinion that the Miner had simple and complicated pneumoconiosis because he found the physician's conclusion to be little more than a restatement of Dr. Crum's positive reading. Decision and Order at 12-13; *see Cornett v. Benham Coal, Inc.*, 227 F.3d 569, 576 (6th Cir. 2000) ("a mere restatement of an x-ray should not count as a reasoned medical judgment"); *Worhach*, 17 BLR at 1-110 (medical opinion that purports to be based on clinical findings beyond an x-ray reading may be found to be based solely on the x-ray reading); *Taylor v. Brown Badgett, Inc.*, 8 BLR 1-405, 1-406-407 (1985); Claimant's Exhibit 3 at 2.

Moreover, having found Dr. Ammisetty's diagnoses relied on Dr. Crum's reading, the ALJ permissibly discredited Dr. Ammisetty's conclusions as contrary to his determination that the weight of the August 12, 2015 x-ray readings, and the weight of the x-ray evidence overall, is negative and therefore does not support a finding of either simple or complicated pneumoconiosis. *See Cornett*, 227 F.3d at 576; *Furgerson v. Jericol Mining Inc.*, 22 BLR 1-216, 1-226 (2002) (en banc) (reliability of a physician's opinion may be "called into question" when the diagnostic tests upon which the physician based his diagnosis have been undermined); *Winters v. Director, OWCP*, 6 BLR 1-877, 1-881 n.4 (1984); Decision and Order at 13.

Dr. Baker

After reviewing the Miner's medical records, Dr. Baker observed the record contains "conflicting evidence with [a] diagnosis of coal workers' pneumoconiosis, both clinical and legal, by [two] physicians as well as a chest x-ray read by Dr. James Crum" as positive for both simple and complicated pneumoconiosis. Dr. Baker also remarked that Dr. Crum is "very good" about diagnosing progressive massive fibrosis (another term for complicated pneumoconiosis) on x-rays. Claimant's Exhibit 1 at 2. Dr. Baker stated his experience reviewing cases has revealed that physicians hired by coal companies "usually find some explanation" for x-ray abnormalities. However, he clarified that he does not know if that is what happened "in this particular situation." *Id*.

The ALJ found Dr. Baker, like Dr. Ammisetty, based his diagnosis of simple and complicated pneumoconiosis on Dr. Crum's interpretation of the August 12, 2015 x-ray. Thus, he reasonably concluded Dr. Baker's opinion was tantamount to a restatement of Dr. Crum's x-ray interpretation which, itself, was outweighed by the other x-ray evidence of

record.[7] *See Cornett,* 227 F.3d at 576; Decision and Order at 13. As the ALJ's credibility determinations are rational and supported by substantial evidence,[8] we affirm his finding that the medical opinion evidence does not establish either simple or complicated pneumoconiosis. 20 C.F.R. §718.202(a)(4); Decision and Order at 13-14.

Death Causation

In addressing the cause of the Miner's death, the ALJ considered the Miner's death certificate, medical treatment records, and the medical opinions of Drs. Rosenberg, Tuteur, Ammisetty, and Baker. Decision and Order at 13-17; Director's Exhibits 1, 8, 9; Employer's Exhibits 6, 7, 28; Claimant's Exhibit 1. The Miner's death certificate identified the cause of his death as myocardial infarction due to coronary artery disease, which was due to peripheral artery disease, which in turn was due to chronic obstructive pulmonary disease (COPD). Director's Exhibit 8.

Drs. Tuteur and Rosenberg opined heart disease, not pneumoconiosis, caused the Miner's death. Employer's Exhibits 7 at 4, 9, 14; 28 at 23-24. Dr. Ammisetty examined the Miner before his death and, thus, did not offer an opinion regarding death causation. Director's Exhibit 9. Dr. Baker, observing the death certificate listed myocardial infarction as the cause of death, noted "some articles in the literature suggest the inflammatory aspect of COPD may cause an increase in incidence in heart disease" and on "this basis" the Miner's coal dust exposure "would be contributory" to his heart condition. Claimant's Exhibit 1 at 3. Because it was Dr. Baker's "impression" that the Miner's obstructive lung disease contributed to his heart condition, he concluded that coal dust exposure that caused his COPD "could have contributed to and hastened" the Miner's death. *Id.*

[7] Claimant avers Dr. Baker "provides reasoning for his crediting of Dr. Crum's x-ray interpretation over the opinions" of the other radiologists. Claimant's Brief at 9. Claimant however does not dispute the ALJ's finding that Dr. Baker's diagnosis of clinical pneumoconiosis is predicated on Dr. Crum's chest x-ray interpretation and thus does not constitute a reasoned medical opinion on the existence of clinical pneumoconiosis. *Taylor v. Brown Badgett, Inc.*, 8 BLR 1-405, 1-406-07 (1985); Decision and Order at 13. Moreover, the ALJ found the contrary evidence outweighed Dr. Crum's x-ray reading, on which Dr. Baker relied.

[8] Drs. Rosenberg and Tuteur opined the Miner did not have simple or complicated pneumoconiosis and, therefore, their opinions do not assist Claimant in establishing the Miner suffered from the disease. Decision and Order at 14; Director's Exhibit 9; Employer's Exhibits 6, 7, 28.

The ALJ found Drs. Tuteur's and Rosenberg's opinions consistent with the Miner's treatment records and, thus, well-reasoned and documented and accorded them probative weight. Decision and Order at 16. The ALJ found Dr. Baker's opinion was equivocal as it was not expressed within a reasonable degree of medical certainty or probability and, thus, not well reasoned or documented. *Id.* The ALJ thus accorded Dr. Baker's opinion little weight and found it insufficient to prove pneumoconiosis caused the Miner's death. *Id.* The ALJ further found the opinions expressed on the death certificate regarding cause of death were entitled to little weight because the record contains no indication the individual signing the death certificate possessed any relevant qualifications or personal knowledge of the Miner from which to assess the cause of death. *Id.* at 17. Weighing the evidence together, the ALJ found it insufficient to establish death causation. *Id.*

Claimant argues the ALJ erred in discrediting Dr. Baker's opinion.[9] Claimant's Brief at 11-13. We disagree.

Contrary to Claimant's arguments, the ALJ permissibly evaluated Dr. Baker's opinion considering the supporting evidence and his explanation. *See Consolidation Coal Co. v. Kramer,* 305 F.3d 203, 210 (3d Cir. 2002) (citing *Milburn Colliery Co. v. Hicks*, 138 F.3d 524, 533 (4th Cir. 1998)) (ALJ must consider the quality of a physician's reasoning); *Balsavage v. Director, OWCP*, 295 F.3d 390, 396-97 (3d Cir. 2002). The ALJ noted that Dr. Baker based his opinion on unidentified "articles in the literature" that "suggest" COPD "may" increase the risk of developing heart disease, and on "this basis" coal dust "would be contributory" to the Miner's heart disease. Decision and Order at 16; Claimant's Exhibit 1. But the ALJ found Dr. Baker's opinion equivocal, not well documented, and not well reasoned. Decision and Order at 16. Substantial evidence supports his conclusion.

As the ALJ found, although Dr. Baker's "impression" was that obstructive lung disease contributed to the Miner's fatal heart attack, he ultimately concluded the "[c]oal dust exposure that caused [the Miner's] COPD *could have* contributed to and hastened his death," not that it did or likely did. Claimant's Exhibit 1 at 3 (emphasis added). Moreover, that conclusion was based solely on the death certificate, which the ALJ discredited, listing myocardial infarction as a cause of death and "some articles in the literature" that "suggest" COPD "may" increase the risk for heart disease. *Id.* Dr. Baker did not cite or produce any particular articles, and the articles' alleged conclusion was itself equivocal. Thus, the ALJ did not err in finding Dr. Baker's opinion unpersuasive and therefore insufficient to meet

[9] We affirm, as unchallenged on appeal, the ALJ's finding that the opinions expressed on the death certificate regarding the Miner's cause of death are entitled to little weight. *Skrack,* 6 BLR at 1-711; Decision and Order at 4.

Claimant's burden of proof. *Island Creek Coal Co. v. Holdman,* 202 F.3d 873, 882 (6th Cir. 2000); *Griffith v. Director, OWCP,* 49 F.3d 184, 186-87 (6th Cir. 1995).

Claimant's arguments are a request to reweigh the evidence, which we are not empowered to do.[10] *Anderson,* 12 BLR at 1-113. Thus, we affirm the ALJ's findings that the evidence is insufficient to establish the Miner's death was due to pneumoconiosis. Decision and Order at 25.

Because Claimant did not establish the Miner had pneumoconiosis or that his death was due to pneumoconiosis,[11] both essential elements of entitlement in a survivor's claim, we affirm the ALJ's denial of benefits. *See* 20 C.F.R. §718.205; *see also Trumbo,* 17 BLR at 1-87-88; Decision and Order at 25.

[10] Because we affirm the ALJ's discrediting of Dr. Baker's opinion, the only opinion that supports Claimant's burden, we need not address Claimant's arguments regarding the ALJ's consideration of the contrary opinions of Drs. Tuteur and Rosenberg. *See Eastover Mining Co. v. Williams,* 338 F.3d 501, 518 (6th Cir. 2003); *Conley v. Nat'l Mines Corp.*, 595 F.3d 297, 303-04 (6th Cir. 2010); *Larioni v. Director, OWCP,* 6 BLR 1-1276, 1-1278 (1984); Claimant's Brief at 11-12.

[11] Because we affirm the ALJ's discrediting of Dr. Baker's opinion connecting COPD to the Miner's death due to myocardial infarction, we also affirm the ALJ's determination that even if "the Miner's COPD was legal pneumoconiosis," Claimant's entitlement to benefits would be precluded because she failed to establish the Miner's death was due to pneumoconiosis. 20 C.F.R. §718.205(b)(1), (2); *see Larioni,* 6 BLR at 1-1278; Decision and Order at 14.

Accordingly, we affirm the ALJ's Decision and Order Denying Benefits.

SO ORDERED.

JUDITH S. BOGGS
Administrative Appeals Judge

GREG J. BUZZARD
Administrative Appeals Judge

MELISSA LIN JONES
Administrative Appeals Judge