employed to cure and has a greater opportunity to know and observe the patient as an individual." *Sprague v. Bowen*, 812 F.2d 1226, 1230 (9th Cir. 1987).

Where the "treating doctor's opinion is contradicted by another doctor, the [ALJ] may not reject this opinion without providing specific and legitimate reasons supported by substantial evidence in the record[.]" *Lester*, 81 F.3d at 830 (internal quotation marks and citation omitted). The ALJ can meet the requisite specific and legitimate standard "by setting out a detailed and thorough summary of the facts and conflicting clinical evidence, stating his interpretation thereof, and making findings." *Magallanes v. Bowen*, 881 F.2d 747, 751 (9th Cir. 1989) (internal quotation marks and citation omitted).

Here, the ALJ gave four reasons for discrediting Dr. Peterson's treating opinion. The Court discusses – and rejects – each in turn.

First, the ALJ found that Dr. Peterson's opinion was "not supported by any objective evidence." (Administrative Record ("AR") at 54). Though this can be a valid reason for rejecting a treating opinion, *Burkhart v. Bowen*, 856 F.2d 1335, 1339-40 (9th Cir. 1988), a brief review of the record reveals at least some support for Dr. Peterson's findings.

For instance, numerous physicians have diagnosed Plaintiff with bipolar disorder. (*See* AR at 218 (July 17, 2007 prison medical record indicating diagnosis of "Bipolar I Disorder"), AR at 241 (April 28, 2009 case analysis by Dr. Haroun noting that Plaintiff "takes [A]bili[f]y and Vistaril for bipolar [disorder]"), AR at 312 (June 30, 2009 diagnosis by Dr. Peterson).) Similarly, multiple sources corroborate Dr. Peterson's conclusion that Plaintiff's poor memory and concentration are a result of head trauma from a 1991 motorcycle accident. (*See* AR at 210 (Dr. Nigbor indicating that the "[m]ost reasonable explanation for [Plaintiff's difficulties with concentration] is . . . head trauma"), AR at 215 (Dr. Benson noting that Plaintiff's psychotic disorder is due to "[h]ead [i]njury" from a motorcycle accident).)

Notably, the ALJ failed to mention these portions of the record, and thus erred in

rejecting Dr. Peterson's opinion as unsupported by objective evidence. *See Gallant v. Heckler*, 753 F.2d 1450, 1455-56 (9th Cir. 1984) (the ALJ must not "reach a conclusion first, and then attempt to justify it by ignoring competent evidence in the record that suggests an opposite result").

Second, the ALJ noted that Dr. Peterson's opinion was presented via a "checklist style form" that included "only conclusions regarding functional limitations without any [supporting] rationale." (AR at 55). But to reject a treating physician's opinion as conclusory, the ALJ must also determine that the opinion is unsupported by the record. *See Batson v. Comm'r of Soc. Sec. Admin.*, 359 F.3d 1190, 1195 (9th Cir. 2004) (an ALJ may reject treating opinions that are "conclusory, brief, *and* unsupported" (emphasis added)). As discussed above, Dr. Peterson's opinions are not without support, and thus they cannot be rejected as conclusory.

Third, the ALJ found "nothing in the medical treatment records to suggest that any treating source considered whether [Plaintiff's] subjective symptoms may have been motivated . . . by secondary gain." (AR at 54.) This assertion, however, could be invoked against any treating physician supportive of their patient's claim for disability benefits. *Sinohui v. Astrue*, 2011 WL 1042333, at \*13 (C.D. Cal. Mar. 18, 2011). Further, the "primary function of medical records is to promote communication and recordkeeping for health care personnel-not to provide evidence for disability determinations." *Orn v. Astrue*, 495 F.3d 625, 634 (9th Cir. 2007). In light of this purpose, then, it is unreasonable to expect medical opinions to routinely discuss a patient's motivations or other issues irrelevant to diagnosis and treatment. Thus, here too, the ALJ lacked a valid reason for rejecting Dr. Peterson's opinion.

Fourth, the ALJ found that Dr. Peterson's opinion was offered "as an accommodation to [Plaintiff]." (AR at 54.) The Ninth Circuit, however, has expressly rejected such reasoning in discrediting a treating physician's opinion, holding that "[t]he purpose for which medical reports are obtained does not provide

a legitimate basis for rejecting them." Lester, 81 F.3d at 832. Once again, then, the ALJ lacked adequate grounds to reject Dr. Peterson's opinions.

Accordingly, for the reasons stated above, the ALJ improperly discredited the treating opinion of Dr. Peterson. The Court thus determines that the ALJ's decision is not supported by substantial evidence. Mayes v. Massanari, 276 F.3d 453, 458-59 (9th Cir. 2001).

With error established, this Court has discretion to remand or reverse and

award benefits. McAllister v. Sullivan, 888 F.2d 599, 603 (9th Cir. 1989). Where no

useful purpose would be served by further proceedings, or where the record has been

fully developed, it is appropriate to exercise this discretion to direct an immediate

award of benefits. See Benecke v. Barnhart, 379 F.3d 587, 595-96 (9th Cir. 2004).

But where there are outstanding issues that must be resolved before a determination

can be made, or it is not clear from the record that the ALJ would be required to find

plaintiff disabled if all the evidence were properly evaluated, remand is appropriate.

Peterson and either credit them as true, or provide valid reasons for any portion that

assessed. Therefore, on remand, the ALJ shall reevaluate the opinions of Dr.

Here, in light of the ALJ's error, Dr. Peterson's credibility must be properly

## В. Remand is Warranted

See id. at 594.

is rejected.

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Plaintiff's remaining contentions. (See Joint Stip. at 11-13, 15-17, 17-19, 20-23, 27-31.)