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UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

ANNETTE C. COCHRAN,)	Case No. EDCV 14-01165-JEM
)	
Plaintiff,)	
)	MEMORANDUM OPINION AND
v.)	ORDER AFFIRMING DECISION OF
)	THE COMMISSIONER OF SOCIAL
CAROLYN W. COLVIN,)	SECURITY
Acting Commissioner of Social Security,)	
)	
Defendant.)	

PROCEEDINGS

On June 16, 2014, Annette C. Cochran (“Plaintiff” or “Claimant”) filed a complaint seeking review of the decision by the Commissioner of Social Security (“Commissioner”) denying Plaintiff’s applications for Social Security Disability and Disability Insurance benefits and for Supplemental Security Income (“SSI”) benefits. The Commissioner filed an Answer on September 17, 2014. On November 24, 2014, the parties filed a Joint Stipulation (“JS”). The matter is now ready for decision.

Pursuant to 28 U.S.C. § 636(c), both parties consented to proceed before this Magistrate Judge. After reviewing the pleadings, transcripts, and administrative record (“AR”), the Court concludes that the Commissioner’s decision must be affirmed and this case dismissed with prejudice.

BACKGROUND

1
2 Plaintiff is a 64-year-old female who applied for Social Security Disability
3 Insurance benefits and Supplemental Security Income benefits on October 13, 2011.
4 (AR 12.) The ALJ determined that Plaintiff has not engaged in substantial gainful activity
5 since October 13, 2011, the alleged onset date. (AR 14.)

6 Plaintiff's claims were denied initially on February 28, 2012 and on reconsideration
7 on September 18, 2012. (AR 12.) Plaintiff filed a timely request for hearing, which was
8 held before Administrative Law Judge ("ALJ") Joseph D. Schloss on May 1, 2013 in
9 Moreno Valley, California. (AR 12.) Claimant appeared and testified at the hearing and
10 was represented by counsel. (AR 12.) Vocational expert ("VE") Corinne J. Porter also
11 appeared and testified at the hearing. (AR 12.)

12 The ALJ issued an unfavorable decision on May 20, 2013. (AR 12-22.) The
13 Appeals Council denied review on April 9, 2014. (AR 1-3.)

DISPUTED ISSUES

14
15 As reflected in the Joint Stipulation, Plaintiff raises the following disputed issues as
16 grounds for reversal and remand:

- 17 1. Whether the ALJ properly considered Plaintiff's treating physician's opinion.
- 18 2. Whether the ALJ properly considered Plaintiff's testimony and made proper
19 credibility findings.

STANDARD OF REVIEW

20
21 Under 42 U.S.C. § 405(g), this Court reviews the ALJ's decision to determine
22 whether the ALJ's findings are supported by substantial evidence and free of legal error.
23 Smolen v. Chater, 80 F.3d 1273, 1279 (9th Cir. 1996); see also DeLorme v. Sullivan,
24 924 F.2d 841, 846 (9th Cir. 1991) (ALJ's disability determination must be supported by
25 substantial evidence and based on the proper legal standards).

26 Substantial evidence means "'more than a mere scintilla,' but less than a
27 preponderance." Saelee v. Chater, 94 F.3d 520, 521-22 (9th Cir. 1996) (quoting
28 Richardson v. Perales, 402 U.S. 389, 401 (1971)). Substantial evidence is "such

1 relevant evidence as a reasonable mind might accept as adequate to support a
2 conclusion.” Richardson, 402 U.S. at 401 (internal quotation marks and citation
3 omitted).

4 This Court must review the record as a whole and consider adverse as well as
5 supporting evidence. Robbins v. Soc. Sec. Admin., 466 F.3d 880, 882 (9th Cir. 2006).
6 Where evidence is susceptible to more than one rational interpretation, the ALJ’s
7 decision must be upheld. Morgan v. Comm’r of the Soc. Sec. Admin., 169 F.3d 595, 599
8 (9th Cir. 1999). “However, a reviewing court must consider the entire record as a whole
9 and may not affirm simply by isolating a ‘specific quantum of supporting evidence.’”
10 Robbins, 466 F.3d at 882 (quoting Hammock v. Bowen, 879 F.2d 498, 501 (9th Cir.
11 1989)); see also Orn v. Astrue, 495 F.3d 625, 630 (9th Cir. 2007).

12 THE SEQUENTIAL EVALUATION

13 The Social Security Act defines disability as the “inability to engage in any
14 substantial gainful activity by reason of any medically determinable physical or mental
15 impairment which can be expected to result in death or . . . can be expected to last for a
16 continuous period of not less than 12 months.” 42 U.S.C. §§ 423(d)(1)(A),
17 1382c(a)(3)(A). The Commissioner has established a five-step sequential process to
18 determine whether a claimant is disabled. 20 C.F.R. §§ 404.1520, 416.920.

19 The first step is to determine whether the claimant is presently engaging in
20 substantial gainful activity. Parra v. Astrue, 481 F.3d 742, 746 (9th Cir. 2007). If the
21 claimant is engaging in substantial gainful activity, disability benefits will be denied.
22 Bowen v. Yuckert, 482 U.S. 137, 140 (1987). Second, the ALJ must determine whether
23 the claimant has a severe impairment or combination of impairments. Parra, 481 F.3d at
24 746. An impairment is not severe if it does not significantly limit the claimant’s ability to
25 work. Smolen, 80 F.3d at 1290. Third, the ALJ must determine whether the impairment
26 is listed, or equivalent to an impairment listed, in 20 C.F.R. Pt. 404, Subpt. P, Appendix I
27 of the regulations. Parra, 481 F.3d at 746. If the impairment meets or equals one of the
28 listed impairments, the claimant is presumptively disabled. Bowen, 482 U.S. at 141.

1 Fourth, the ALJ must determine whether the impairment prevents the claimant from
2 doing past relevant work. Pinto v. Massanari, 249 F.3d 840, 844-45 (9th Cir. 2001).
3 Before making the step four determination, the ALJ first must determine the claimant's
4 residual functional capacity ("RFC"). 20 C.F.R. § 416.920(e). The RFC is "the most
5 [one] can still do despite [his or her] limitations" and represents an assessment "based
6 on all the relevant evidence." 20 C.F.R. §§ 404.1545(a)(1), 416.945(a)(1). The RFC
7 must consider all of the claimant's impairments, including those that are not severe. 20
8 C.F.R. §§ 416.920(e), 416.945(a)(2); Social Security Ruling ("SSR") 96-8p.

9 If the claimant cannot perform his or her past relevant work or has no past
10 relevant work, the ALJ proceeds to the fifth step and must determine whether the
11 impairment prevents the claimant from performing any other substantial gainful activity.
12 Moore v. Apfel, 216 F.3d 864, 869 (9th Cir. 2000). The claimant bears the burden of
13 proving steps one through four, consistent with the general rule that at all times the
14 burden is on the claimant to establish his or her entitlement to benefits. Parra, 481 F.3d
15 at 746. Once this prima facie case is established by the claimant, the burden shifts to
16 the Commissioner to show that the claimant may perform other gainful activity.
17 Lounsbury v. Barnhart, 468 F.3d 1111, 1114 (9th Cir. 2006). To support a finding that a
18 claimant is not disabled at step five, the Commissioner must provide evidence
19 demonstrating that other work exists in significant numbers in the national economy that
20 the claimant can do, given his or her RFC, age, education, and work experience. 20
21 C.F.R. § 416.912(g). If the Commissioner cannot meet this burden, then the claimant is
22 disabled and entitled to benefits. Id.

23 THE ALJ DECISION

24 In this case, the ALJ determined at step one of the sequential process that Plaintiff
25 has not engaged in substantial gainful activity since October 13, 2011, the alleged onset
26 date. (AR 14.)
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1 At step two, the ALJ determined that Plaintiff has the following medically
2 determinable severe impairments: osteoarthritis, arthritis, degenerative disc disease of
3 the lumbar spine, and fibromyalgia. (AR 14-16.)

4 At step three, the ALJ determined that Plaintiff does not have an impairment or
5 combination of impairments that meets or medically equals the severity of one of the
6 listed impairments. (AR 16.)

7 The ALJ then found that Plaintiff has the RFC to perform medium work as defined
8 in 20 C.F.R. §§ 404.1567(c) and 416.967(c) with the following limitations:

9 . . . Claimant can lift and/or carry 50 pounds occasionally and 25
10 pounds frequently; she can stand and/or walk for 6 hours out of an 8-
11 hour workday with regular breaks; she can sit for 6 hours out of an 8-
12 hour workday with regular breaks; she is unlimited with respect to
13 pushing and/or pulling, other than as indicated for lifting and/or
14 carrying; she can frequently kneel, stoop, crawl, crouch, balance, and
15 climb.

16 (AR 16-20.) In determining the above RFC, the ALJ made an adverse credibility
17 determination. (AR 18.)

18 At step four, the ALJ found that Plaintiff is able to perform her past relevant work
19 as a cashier and apartment manager. (AR 20-21.)

20 Consequently, the ALJ found that Claimant was not disabled, within the meaning
21 of the Social Security Act. (AR 21.)

22 **DISCUSSION**

23 The ALJ decision must be affirmed. The ALJ properly considered the medical
24 evidence and properly discounted Plaintiff's alleged subjective symptoms. The ALJ's
25 RFC is supported by substantial evidence. The ALJ's nondisability determination is
26 supported by substantial evidence and free of legal error.

1 **I. THE ALJ PROPERLY REJECTED THE OPINION OF**
2 **PLAINTIFF’S TREATING PHYSICIAN**

3 Plaintiff contends the ALJ erred in rejecting the opinion of Plaintiff’s treating
4 physician Dr. Hemchand Kelli. The Court disagrees.

5 **A. Relevant Federal Law**

6 The ALJ’s RFC is not a medical determination but an administrative finding or
7 legal decision reserved to the Commissioner based on consideration of all the relevant
8 evidence, including medical evidence, lay witnesses, and subjective symptoms. See
9 SSR 96-5p; 20 C.F.R. § 1527(e). In determining a claimant’s RFC, an ALJ must
10 consider all relevant evidence in the record, including medical records, lay evidence, and
11 the effects of symptoms, including pain reasonably attributable to the medical condition.
Robbins, 446 F.3d at 883.

12 In evaluating medical opinions, the case law and regulations distinguish among
13 the opinions of three types of physicians: (1) those who treat the claimant (treating
14 physicians); (2) those who examine but do not treat the claimant (examining physicians);
15 and (3) those who neither examine nor treat the claimant (non-examining, or consulting,
16 physicians). See 20 C.F.R. §§ 404.1527, 416.927; see also Lester v. Chater, 81 F.3d
17 821, 830 (9th Cir. 1995). In general, an ALJ must accord special weight to a treating
18 physician’s opinion because a treating physician “is employed to cure and has a greater
19 opportunity to know and observe the patient as an individual.” Magallanes v. Bowen,
20 881 F.2d 747, 751 (9th Cir. 1989) (citation omitted). If a treating source’s opinion on the
21 issues of the nature and severity of a claimant’s impairments is well-supported by
22 medically acceptable clinical and laboratory diagnostic techniques, and is not
23 inconsistent with other substantial evidence in the case record, the ALJ must give it
24 “controlling weight.” 20 C.F.R. §§ 404.1527(d)(2), 416.927(d)(2).

25 Where a treating doctor’s opinion is not contradicted by another doctor, it may be
26 rejected only for “clear and convincing” reasons. Lester, 81 F.3d at 830. However, if the
27 treating physician’s opinion is contradicted by another doctor, such as an examining
28

1 physician, the ALJ may reject the treating physician's opinion by providing specific,
2 legitimate reasons, supported by substantial evidence in the record. Lester, 81 F.3d at
3 830-31; see also Orn, 495 F.3d at 632; Thomas v. Barnhart, 278 F.3d 947, 957 (9th Cir.
4 2002). Where a treating physician's opinion is contradicted by an examining
5 professional's opinion, the Commissioner may resolve the conflict by relying on the
6 examining physician's opinion if the examining physician's opinion is supported by
7 different, independent clinical findings. See Andrews v. Shalala, 53 F.3d 1035, 1041
8 (9th Cir. 1995); Orn, 495 F.3d at 632. Similarly, to reject an uncontradicted opinion of an
9 examining physician, an ALJ must provide clear and convincing reasons. Bayliss v.
10 Barnhart, 427 F.3d 1211, 1216 (9th Cir. 2005). If an examining physician's opinion is
11 contradicted by another physician's opinion, an ALJ must provide specific and legitimate
12 reasons to reject it. Id. However, "[t]he opinion of a non-examining physician cannot by
13 itself constitute substantial evidence that justifies the rejection of the opinion of either an
14 examining physician or a treating physician"; such an opinion may serve as substantial
15 evidence only when it is consistent with and supported by other independent evidence in
16 the record. Lester, 81 F.3d at 830-31; Morgan, 169 F.3d at 600.

17 **B. Analysis**

18 Plaintiff Annette Celia Cochran has the medically determinable severe
19 impairments of osteoarthritis, arthritis, degenerative disc disease of the lumbar spine and
20 fibromyalgia. (AR 14.) Plaintiff alleges she can lift less than 10 pounds and stand up to
21 10 minutes only, and has difficulty walking, bending, reaching, sitting, kneeling and using
22 her hands. (AR 17.) She also alleges migraines and problems with concentration. (AR
23 17.) Nonetheless, the ALJ assessed Plaintiff with a medium work RFC except she can
24 sit, stand and/or walk only 6 hours in an 8 hour workday and only frequently kneel,
25 stoop, crawl, crouch, balance and climb. (AR 16.)

26 Substantial evidence supports the ALJ's RFC. In a January 27, 2012 internal
27 medicine evaluation, consulting examiner and internist Dr. Brian To found Plaintiff to
28 have normal muscle tone and mass, and normal range of motion of all extremities. (AR

1 293.) He noted degenerative changes in the lumbar spine without significant annular
2 bulging. (AR 294.) He diagnosed Plaintiff with back pain, history of fibromyalgia and
3 depression. (AR 19, 295.) He assessed Plaintiff with a medium RFC with frequent
4 postural limitations. (AR 19, 295.) Similarly, consulting orthopedic surgeon Dr. Vincente
5 Bernabe in a February 27, 2013 report noted that despite Plaintiff's complaints of back
6 pain and extremity pain she presented in no acute or chronic distress. (AR 300, 301.)
7 Her gait was normal and she did not use any assistive device to ambulate. (AR 19,
8 301.) He found full range of motion without tenderness or pain in Plaintiff's cervical and
9 thoracic spine. (AR 302.) MRI imaging indicated moderate degenerative changes in the
10 lumbar spine (AR 300) and tenderness. (AR 19, 302.) Range of motion was full and
11 painless in both upper and lower extremities. (AR 302.) He diagnosed degenerative
12 disc disease and cervical, thoracic and lumbar musculoligamentous strain. (AR 19,
13 303.) He too gave a medium work RFC assessment with frequent posturals. (AR 19,
14 304.)

15 Two State reviewing physicians also provided medium work RFC assessments.
16 (AR 20, 52-53, 78.) The ALJ gave great weight to the assessments of Dr. To,
17 Dr. Bernabe and the State agency physical consultants in determining Plaintiff's physical
18 RFC. (AR 20.) The ALJ also gave great weight to State agency psychological
19 consultants who concluded Claimant's mental impairments are nonsevere (AR 20), with
20 only mild limitations in activities of daily living, social functioning and concentration,
21 persistence and pace. (AR 15.) The ALJ further found no objective medical evidence
22 for Plaintiff's alleged migraines, including no medical signs or laboratory findings and no
23 medical source opinions. (AR 15.)

24 Plaintiff relies on a brief note from Dr. Kelli dated November 1, 2011: "per
25 patient's condition she is only [able] to work one day out of the week, and light duty."
26 (AR 19, 20, 285.) This disabling assessment apparently is based on MRI findings
27 showing degenerative changes in the lumbar spine. (AR 277-290.) The ALJ assigned
28 little weight to Dr. Kelli's opinion. (AR 20.) Plaintiff alleges that the ALJ did not provide

1 specific, legitimate reasons for discounting Dr. Kelli’s opinion. Quite to the contrary, the
2 ALJ first noted that Dr. Kelli’s opinion was “not consistent with the record as a whole.”
3 (AR 20.) Plaintiff challenges this finding, citing to various imaging studies and medical
4 evidence of impairments, but fails to present any functional assessments that are
5 inconsistent with the opinions of the numerous other physicians who assessed Plaintiff
6 with a medium RFC. The contradictory opinions of other physicians provide specific,
7 legitimate reasons for rejecting a physician’s opinion. Tonapetyan v. Halter, 242 F.3d
8 1144, 1150 (9th Cir. 2001). Plaintiff makes no mention of this substantial contrary
9 medical evidence.

10 Second, the ALJ noted that Claimant “continuously received conservative
11 treatment in the form of pain medications and no further aggressive treatment has been
12 recommended.” (AR 20.) Plaintiff argues there is no evidence Plaintiff was not following
13 her treatment plan which was only taking medication. This argument misses the ALJ’s
14 point that mere medication and no further aggressive treatment is inconsistent with
15 disabling impairments. (AR 18.)

16 Third, the ALJ cited activities of daily living, such as preparing simple meals,
17 washing dishes, making her bed and picking up mail, that are inconsistent with disabling
18 impairments. (AR 20.) The ALJ also found that Plaintiff has engaged in a somewhat
19 normal level of activity. (AR 17.) Plaintiff never responded to this evidence. An
20 inconsistency between a doctor’s opinion and Plaintiff’s own observed abilities is a
21 reason for not relying on the opinion. Bayliss, 427 F.3d at 1216.

22 Plaintiff also asserts that the ALJ had a duty to recontact Dr. Kelli to obtain
23 clarification of his terse note and/or additional evidence than provided in the note. Quite
24 to the contrary, the ALJ’s duty to conduct further inquiry is triggered only when the
25 evidence is ambiguous or inadequate to allow proper evaluation of the evidence. Mayes
26 v. Massanari, 276 F.3d 453, 459-60 (9th Cir. 2001). What matters is not the
27 insufficiency of Dr. Kelli’s note but the adequacy of the record as a whole. Id. at 460
28 (“the record before the ALJ was neither ambiguous nor inadequate for proper evaluation

1 of the evidence”); Bayliss, 427 F.3d at 1217 (no duty to recontact doctors because the
2 ALJ with support in the record found the evidence adequate to make a determination
3 regarding disability). Here, with the medium work RFC assessments of Dr. To,
4 Dr. Bernabe and two State agency medical reviewers, the ALJ properly viewed the
5 record as sufficient to determine Plaintiff’s RFC. There was no duty to recontact Dr.
6 Kelli.

7 Plaintiff disputes the ALJ’s evaluation of the record in discounting Dr. Kelli’s
8 opinion but it is the ALJ’s responsibility to resolve conflicts in the medical evidence and
9 ambiguities in the record. Andrews, 53 F.3d at 1039. Where the ALJ’s interpretation of
10 the medical evidence and the record is reasonable as it is here, it should not be second-
11 guessed. Rollins v. Massanari, 216 F.3d 853, 857 (9th Cir. 2001).

12 The ALJ rejected Dr. Kelli’s opinion for specific, legitimate reasons supported by
13 substantial evidence.

14 **II. THE ALJ PROPERLY DISCOUNTED PLAINTIFF’S** 15 **SUBJECTIVE SYMPTOMS**

16 Plaintiff contends the ALJ erred in discounting the credibility of Plaintiff’s
17 subjective symptoms. The Court disagrees.

18 **A. Relevant Federal Law**

19 The test for deciding whether to accept a claimant’s subjective symptom testimony
20 turns on whether the claimant produces medical evidence of an impairment that
21 reasonably could be expected to produce the pain or other symptoms alleged. Bunnell
22 v. Sullivan, 947 F.2d 341, 346 (9th Cir. 1991); see also Reddick v. Chater, 157 F.3d 715,
23 722 (9th Cir. 1998); Smolen, 80 F.3d at 1281-82 esp. n.2. The Commissioner may not
24 discredit a claimant’s testimony on the severity of symptoms merely because they are
25 unsupported by objective medical evidence. Reddick, 157 F.3d at 722; Bunnell, 947
26 F.2d at 343, 345. If the ALJ finds the claimant’s pain testimony not credible, the ALJ
27 “must specifically make findings which support this conclusion.” Bunnell, 947 F.2d at
28 345. The ALJ must set forth “findings sufficiently specific to permit the court to conclude

1 that the ALJ did not arbitrarily discredit claimant’s testimony.” Thomas, 278 F.3d at 958;
2 see also Rollins, 261 F.3d at 856-57; Bunnell, 947 F.2d at 345-46. Unless there is
3 evidence of malingering, the ALJ can reject the claimant’s testimony about the severity
4 of a claimant’s symptoms only by offering “specific, clear and convincing reasons for
5 doing so.” Smolen, 80 F.3d at 1283-84; see also Reddick, 157 F.3d at 722. The ALJ
6 must identify what testimony is not credible and what evidence discredits the testimony.
7 Reddick, 157 F.3d at 722; Smolen, 80 F.3d at 1284.

8 **B. Analysis**

9 In determining Plaintiff’s RFC, the ALJ concluded that Plaintiff’s medically
10 determinable impairments reasonably could be expected to cause her alleged
11 symptoms. (AR 18.) The ALJ, however, also found that Plaintiff’s statements regarding
12 the intensity, persistence and limiting effects of these symptoms were “not entirely
13 credible.” (AR 17, 18.) Because the ALJ did not make a finding of malingering, he was
14 required to provide clear and convincing reasons supported by substantial evidence for
15 discounting Plaintiff’s credibility. Smolen, 80 F.3d at 1283-84. The ALJ did so.

16 First, the ALJ found that the objective medical evidence did not support the
17 alleged severity of Claimant’s symptoms. An ALJ is entitled to consider whether there is
18 a lack of medical evidence to corroborate a claimant’s alleged pain symptoms so long as
19 it is not the only reason for discounting a claimant’s credibility. Burch v. Barnhart, 400
20 F.3d 676, 680-81 (9th Cir. 2005). Here, the ALJ specifically found that Plaintiff’s
21 allegations of back pain, migraines, osteoarthritis, fibromyalgia and depression were
22 inconsistent with the objective medical evidence. (AR 17.) The ALJ also found that
23 Plaintiff’s treatment was essentially routine, conservative non-emergency treatment
24 limited to medication and routine follow-up care. (AR 18.) An ALJ may consider
25 conservative treatment in evaluating credibility. Tommasetti v. Astrue, 533 F.3d 1035,
26 1039 (9th Cir. 2008). Impairments that can be controlled effectively with medication are
27 not disabling. Warre v. Comm’s of Soc. Sec., 439 F.3d 1001, 1006 (9th Cir. 2006). The
28 ALJ found that the lack of more aggressive treatment suggests the Claimant’s symptoms

1 are not as severe as alleged. (AR 18.) Plaintiff argues that medical evidence cannot be
2 used to discredit the severity of Plaintiff's alleged pain symptoms but the Ninth Circuit
3 has held otherwise as long as it is not the only reason for doing so. Rollins, 261 F.3d at
4 857 ("the medical evidence is still a relevant factor in determining the severity of the
5 claimant's pain and its disabling effects"). The ALJ properly concluded that the objective
6 medical evidence does not support the alleged severity of Plaintiff's symptoms. (AR 20.)

7 Second, the ALJ found that Plaintiff's daily activities are inconsistent with disabling
8 limitations, which is a legitimate consideration in evaluating credibility. Bunnell, 947 F.2d
9 at 345-46. The ALJ noted Plaintiff has described everyday activities that include doing
10 laundry, washing dishes, preparing simple meals, takes cares of a cat and shops. (AR
11 17, 20.) She lives alone and did not need help in maintaining her residence. (AR 17.)
12 She also worked as a cashier six or seven hours a week after the onset date which is
13 not enough to establish substantial gainful activity but demonstrates Plaintiff is capable
14 of doing more than claimed. (AR 18.) Plaintiff asserts that work activity should not be
15 considered but the ALJ may consider the fact that Claimant worked despite alleged
16 impairments. See Osenbrock v. Apfel, 240 F.3d 1157, 1165-66 (9th Cir. 2001). Plaintiff
17 argues that her daily activities do not necessarily prove Plaintiff can work, but they do
18 suggest Claimant has greater functional abilities than alleged. See Valentine v. Comm'r,
19 574 F.3d 685, 694 (9th Cir. 2009).

20 Plaintiff disputes the ALJ's interpretation of the evidence regarding the credibility
21 of Plaintiff's subjective symptom allegations but it is the ALJ who is responsible for
22 revolving conflicts in the medical evidence and ambiguities in the record. Andrews, 53
23 F.3d at 1039. Where the ALJ's interpretation of the record evidence is reasonable as it
24 is here, it should not be second-guessed. Rollins, 261 F.3d at 857.

25 The ALJ discounted Plaintiff's subjective symptom allegations for clear and
26 convincing reasons supported by substantial evidence.

27 * * *

1 The ALJ's RFC is supported by substantial evidence. The ALJ's nondisability
2 determination is supported by substantial evidence and free of legal error.

3 **ORDER**

4 IT IS HEREBY ORDERED that Judgment be entered affirming the decision of the
5 Commissioner of Social Security and dismissing this case with prejudice.

6
7 DATED: December 9, 2014

8 /s/ John E. McDermott
9 JOHN E. MCDERMOTT
10 UNITED STATES MAGISTRATE JUDGE

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