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**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA**

SABINA C. HERMAN,  
Plaintiff,  
v.  
MICHAEL J. ASTRUE,  
COMMISSIONER OF SOCIAL  
SECURITY ADMINISTRATION,  
Defendant.

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) Case No. SA CV 11-1289 JCG

) **MEMORANDUM OPINION AND  
ORDER**

Sabina C. Herman (“Plaintiff”) challenges the Social Security Commissioner’s (“Defendant”) decision denying her application for disability benefits. Five issues are presented for decision here:

1. whether the Administrative Law Judge (“ALJ”) erred in failing to find a severe impairment at step two, (*see* Joint Stip. at 3-5);
2. whether the ALJ improperly rejected Plaintiff’s testimony, (*see id.* at 8);
3. whether the ALJ improperly rejected the lay testimony of Plaintiff’s husband, Richard Herman, (*see id.* at 10);
4. whether the ALJ properly considered the opinion of Plaintiff’s treating physician, Dr. Edward Kaufman, (*see id.* at 11-12); and

1           5.       whether the ALJ properly considered the testimony of the medical  
2 expert, Dr. Craig C. Rath. (*See id.* at 14.)

3           The Court addresses – and rejects – Plaintiff’s contentions below.

4           A.       The ALJ’s Step Two Determination

5           Plaintiff first asserts that the ALJ erred at step two. (Joint Stip. at 3-5.) There,  
6 the ALJ concluded that Plaintiff lacked a medically severe impairment because the  
7 medical record was “devoid of any treatment notes” from the alleged onset date  
8 through the date last insured (“DLI”). (AR at 19.) Plaintiff asserts that the ALJ’s  
9 step two determination was not “clearly established” by the medical record, as is  
10 required by *Webb v. Barnhart*, 433 F.3d 683, 687 (9th Cir. 2005). (Joint Stip. at 4.)  
11 A severe impairment, so Plaintiff argues, may still exist even if the evidence does  
12 not document one. (*See id.* at 3-5.) This reading of *Webb*, however, misses the  
13 function and purpose of the step two inquiry.

14           Step two serves as a “*de minimis* screening device to dispose of groundless  
15 claims.” *Edlund v. Massanari*, 253 F.3d 1152, 1158 (9th Cir. 2001) (quoting  
16 *Smolen v. Chater*, 80 F.3d 1273, 1290 (9th Cir. 1996)). To that end, it directs an  
17 immediate finding of “not disabled” when the “medical evidence establishes only a  
18 slight abnormality [that] would have no more than a minimal effect on an  
19 individual’s ability to work even if the individual’s age, education, or work  
20 experience were specifically considered” at subsequent steps. SSR 85-28, 1985 WL  
21 56856, at \*3.

22           Here, as the ALJ noted, the record disclosed *no* abnormalities, far less than the  
23 *slight* ones contemplated by SSR 85-28. Predictably, then, there would be no effect  
24 on Plaintiff’s ability to work. Consequently, there would neither be a need at  
25 subsequent steps to consider Plaintiff’s age, education, or work experience. By  
26 preventing unnecessary inquiry, the ALJ properly utilized step two for its intended  
27 purpose as a *de minimis* screening device.

28           Accordingly, the Court determines that the ALJ’s step two determination was

1 without error.

2 B. The ALJ's Rejection of Plaintiff's Testimony

3 Plaintiff next asserts that the ALJ improperly rejected her testimony as  
4 unsupported by the medical record. (Joint Stip. at 8.) The Court disagrees.

5 Once a claimant produces some evidence of an underlying impairment, an  
6 ALJ may not reject that claimant's subjective complaints based solely on a lack of  
7 supporting objective medical evidence. *Rollins v. Massanari*, 261 F.3d 853, 856  
8 (9th Cir. 2001).

9 Here, as established above, Plaintiff produced no medical records from her  
10 alleged onset date to her DLI. *See supra*, at § A. Thus, Plaintiff did not make the  
11 threshold showing of "some evidence of an underlying impairment," as is required  
12 by *Rollins*. As a result, the ALJ was entitled to reject Plaintiff's testimony.

13 Accordingly, the Court finds no error here.

14 C. The ALJ's Rejection of Richard Herman's Lay Testimony

15 Plaintiff also insists that the ALJ improperly rejected the lay testimony of her  
16 husband, Richard Herman, as similarly unsupported by the medical record. (Joint  
17 Stip. at 10.) Relying on *Smolen v. Chater*, 80 F.3d 1273, 1288-89 (9th Cir. 1996),  
18 Plaintiff argues that the ALJ is "required to consider a lay witness' testimony even  
19 where the symptoms are not supported by the medical records." (*Id.*)

20 Plaintiff's reliance on *Smolen*, however, is misguided. The authority upon  
21 which *Smolen* relies, SSR 88-13, requires that "a medically determinable physical or  
22 mental impairment [be] documented" before considering evidence, including lay  
23 testimony, pertaining to the effects of subjective symptoms. *See* SSR 88-13, 1988  
24 WL 236011, at \*1.

25 Here, once again, it is established that no evidence exists in the record  
26 documenting Plaintiff's conditions from her alleged onset date to her DLI. *See*  
27 *supra*, at § A. Thus, under *Smolen* and SSR 88-13, the ALJ was under no obligation  
28 to consider lay testimony such as Mr. Herman's.

1 Accordingly, the ALJ did not err in her treatment of Mr. Herman’s testimony.

2 D. The ALJ’s Failure to Discuss Dr. Kaufman’s Treating Opinion

3 As her fourth contention, Plaintiff argues that ALJ erred by failing to discuss  
4 an opinion from Plaintiff’s treating psychiatrist, Dr. Edward Kaufman. (Joint Stip.  
5 at 11; *see* AR at 214.) The Court is unpersuaded.

6 An ALJ “need not discuss all evidence presented to [them]. Rather, [they]  
7 must explain why ‘significant probative evidence has been rejected.’” *Vincent v.*  
8 *Heckler*, 739 F.2d 1393, 1394-95 (9th Cir.1984) (citing *Cotter v. Harris*, 642 F.2d  
9 700, 706 (3d Cir.1981)).

10 Dr. Kaufman’s opinion is neither significant nor probative. Four reasons  
11 guide that determination.

12 First, Dr. Kaufman’s opinion is conclusory. *See Batson v. Comm’r of Soc.*  
13 *Sec.*, 359 F.3d 1190, 1195 (9th Cir. 2004) (holding that an ALJ may reject a treating  
14 physician’s opinion if it is conclusory, brief, and unsupported). Though Dr.  
15 Kaufman’s four-sentence letter states that Plaintiff was hospitalized for  
16 schizophrenic psychosis in 1988, it offers no further explanation as to the  
17 condition’s severity or duration.

18 Second, Dr. Kaufman’s letter, dated November 19, 2009, seeks to describe  
19 Plaintiff’s hospitalization over two decades prior without the benefit of any medical  
20 records. (*See* AR at 214.) Naturally, this gives the Court pause as to the opinion’s  
21 reliability.

22 Third, and contrary to Plaintiff’s allegations, the opinion does not discuss any  
23 illnesses during the relevant time period, *i.e.*, from the alleged onset date to the DLI.  
24 (*See* Joint Stip. at 11.) According to the opinion, Dr. Kaufman saw Plaintiff for  
25 schizophrenic psychosis in 1988, and “[a]t that time . . . it was determined that she  
26 was not employable at any job.” (AR at 214 (emphasis added).) Dr. Kaufman does  
27 not indicate whether Plaintiff’s condition persists. Though medical opinions can be  
28 retroactive, *Smith v. Bowen*, 849 F.2d 1222, 1225 (9th Cir. 1988), there is nothing to

1 suggest that is the case here.

2 Fourth, Dr. Kaufman’s opinion regarding Plaintiff’s disability is entitled to  
3 little value because that is an issue reserved to the Commissioner . *See Nyman v.*  
4 *Heckler*, 779 F.2d 528, 531 (9th Cir. 1985) (because “opinions by medical experts  
5 regarding the ultimate question of disability are not binding[,] . . . [the  
6 Commissioner] was not obliged to explicitly detail his reasons for rejecting the  
7 [treating physician’s] opinion”).

8 Accordingly, the Court determines that the ALJ did not err in her treatment of  
9 Dr. Kaufman’s opinion.

10 E. The ALJ’s Failure to Discuss Dr. Rath’s Medical Expert Testimony

11 Plaintiff’s final complaint is that the ALJ failed to consider Dr. Rath’s medical  
12 expert testimony on cross-examination that Plaintiff’s marked limitations “[c]ould . .  
13 . have” existed before the DLI. (Joint Stip. at 14; *see* AR at 252.) According to  
14 Plaintiff, this testimony was competent evidence that suggested a different result  
15 from the ALJ’s, and thus could not be ignored. (*Id.*); *see Gallant v. Heckler*, 753  
16 F.2d 1450, 1456 (9th Cir. 1984).

17 But Plaintiff mischaracterizes Dr. Rath’s testimony. Prior to the above  
18 statement, Dr. Rath also testified that he could not “find anything” in the medical  
19 records that would constitute a medically determinable impairment. (AR at 241.)  
20 Then, on cross-examination, Dr. Rath conceded, as a matter of possibility, that such  
21 an impairment “[c]ould . . . have” existed before the DLI. (AR at 252.) In light of  
22 Dr. Rath’s first statement, however, it is clear that the second is mere speculation not  
23 based on the record. Thus, the ALJ was entitled to ignore it. *See Vincent*, 739 F.2d  
24 at 1394-95 (an ALJ “need not discuss all evidence presented to [them]. Rather,  
25 [they] must explain why ‘significant probative evidence has been rejected’”).

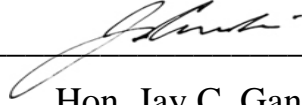
26 Accordingly, the Court determines that ALJ properly ignored this part of Dr.  
27 Rath’s testimony.

28 For the above reasons, the Court further finds that substantial evidence

1 supported the ALJ's decision that Plaintiff was not disabled. *See Mayes v.*  
2 *Massanari*, 276 F.3d 453, 458-59 (9th Cir. 2001).

3 Based on the foregoing, IT IS ORDERED THAT judgment shall be entered  
4 **AFFIRMING** the decision of the Commissioner denying benefits.

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6 Dated: November 20, 2012

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Hon. Jay C. Gandhi  
United States Magistrate Judge