

FILED IN THE
U.S. DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

Nov 30, 2015

SEAN F. McAVOY, CLERK

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2
3 UNITED STATES DISTRICT COURT
4 EASTERN DISTRICT OF WASHINGTON
5

6 URMA DONVAN-TERRIS,

7 Plaintiff,

8 vs.

9 CAROLYN W. COLVIN, Acting
10 Commissioner of Social Security,

11 Defendant.

No. 4:14-cv-05125-JPH

ORDER GRANTING PLAINTIFF'S
MOTION FOR SUMMARY
JUDGMENT

12 BEFORE THE COURT are cross-motions for summary judgment. ECF No.
13 18, 23. The parties have consented to proceed before a magistrate judge. ECF No.
14 8. After reviewing the administrative record and the parties' briefs, the court
15 **grants** plaintiff's motion for summary judgment, **ECF No. 18**.

16 **JURISDICTION**

17 Plaintiff applied for supplemental security income (SSI) on August 4, 2010.
18 She alleged onset beginning February 1, 2010 (Tr. 162-63). Benefits were denied
19 initially and on reconsideration (Tr. 86-89, 90-91). ALJ Moira Ausems held a
hearing on January 9, 2013 (Tr. 36-83) and issued an unfavorable decision on April
26, 2013 (Tr. 19-31). On October 30, 2014, the Appeals Council denied review
(Tr. 1-5). The matter is now before the Court pursuant to 42 U.S.C. § 405(g).

ORDER - 1

1 Plaintiff filed this action for judicial review on December 30, 2014. ECF No. 1, 4.

2 **STATEMENT OF FACTS**

3 The facts have been presented in the administrative hearing transcript, the
4 ALJ's decision and the parties' briefs. They are briefly summarized here and as
5 necessary to explain the court's decision.

6 Plaintiff was 35 years old when she applied for benefits. She has a GED and
7 no past work, although she cared for her spouse prior to their divorce. Eventually
8 her own physical condition necessitated lying down for two to three hours at a time
9 when she was his caregiver. Plaintiff alleges disability based on fibromyalgia,
10 degenerative joint disease of the knees, rheumatoid arthritis, migraine headaches,
11 depressive disorder NOS and anxiety disorder NOS (Tr. 30, 48, 53). On appeal
12 Plaintiff alleges the ALJ erred when she weighed the evidence and assessed
13 credibility. ECF No. 18 at 7.

14 **SEQUENTIAL EVALUATION PROCESS**

15 The Social Security Act (the Act) defines disability as the "inability to
16 engage in any substantial gainful activity by reason of any medically determinable
17 physical or mental impairment which can be expected to result in death or which
18 has lasted or can be expected to last for a continuous period of not less than twelve
19 months." 42 U.S.C. §§ 423 (d)(1)(A), 1382c(a)(3)(A). The Act also provides that a
20 plaintiff shall be determined to be under a disability only if any impairments are of
21 such severity that a plaintiff is not only unable to do previous work but cannot,
22 considering plaintiff's age, education and work experiences, engage in any other
23 substantial gainful work which exists in the national economy. 42 U.S.C. §§ 423
24 (d)(2)(A), 1382c(a)(3)(B). Thus, the definition of disability consists of both
25 medical and vocational components. *Edlund v. Massanari*, 253 F.3d 1152, 1156
26 (9th Cir. 2001).

27 The Commissioner has established a five-step sequential evaluation process

1 or determining whether a person is disabled. 20 C.F.R. §§ 404.1520, 416.920. Step
2 one determines if the person is engaged in substantial gainful activities. If so,
3 benefits are denied. 20 C.F.R. §§ 404.1520(a)(4)(i), 416.920(a)(4)(i). If not, the
4 decision maker proceeds to step two, which determines whether plaintiff has a
5 medically severe impairment or combination of impairments. 20 C.F.R. §§
6 404.1520(a)(4)(ii), 416.920(a)(4)(ii). If plaintiff does not have a severe impairment
7 or combination of impairments, the disability claim is denied.

8 If the impairment is severe, the evaluation proceeds to the third step, which
9 compares plaintiff's impairment with a number of listed impairments
10 acknowledged by the Commissioner to be so severe as to preclude substantial
11 gainful activity. 20 C.F.R. §§ 404.1520(a)(4)(iii), 416.920(a)(4)(iii); 20 C.F.R.
12 §404 Subpt. P App. 1. If the impairment meets or equals one of the listed
13 impairments, plaintiff is conclusively presumed to be disabled. If the impairment is
14 not one conclusively presumed to be disabling, the evaluation proceeds to the
15 fourth step, which determines whether the impairment prevents plaintiff from
16 performing work which was performed in the past. If a plaintiff is able to perform
17 previous work, that plaintiff is deemed not disabled. 20 C.F.R. §§
18 404.1520(a)(4)(iv), 416.920(a)(4)(iv). At this step, plaintiff's residual capacity
19 (RFC) is considered. If plaintiff cannot perform past relevant work, the fifth and
final step in the process determines whether plaintiff is able to perform other work
in the national economy in view of plaintiff's residual functional capacity, age,
education and past work experience. 20 C.F.R. §§ 404.1520(a)(4)(v),
416.920(a)(4)(v); *Bowen v. Yuckert*, 482 U.S. 137 (1987).

The initial burden of proof rests upon plaintiff to establish a *prima facie* case
of entitlement to disability benefits. *Rhinehart v. Finch*, 438 F.2d 920, 921 (9th Cir.
1971); *Meanel v. Apfel*, 172 F.3d 1111, 1113 (9th Cir. 1999). The initial burden is
met once plaintiff establishes that a physical or mental impairment prevents the

1 performance of previous work. The burden then shifts, at step five, to the
2 Commissioner to show that (1) plaintiff can perform other substantial gainful
3 activity and (2) a “significant number of jobs exist in the national economy” which
4 plaintiff can perform. *Kail v. Heckler*, 722 F.2d 1496, 1498 (9th Cir. 1984).

5 **STANDARD OF REVIEW**

6 Congress limits the scope of judicial review of a Commissioner’s decision.
7 42 U.S.C. § 405(g). A Court must uphold the Commissioner’s decision, made
8 through an ALJ, when the determination is not based on legal error and is
9 supported by substantial evidence. *See Jones v. Heckler*, 760 F.2d 993, 995 (9th
10 Cir. 1985); *Tackett v. Apfel*, 180 F.3d 1094, 1097 (9th Cir. 1999). “The
11 [Commissioner’s] determination that a plaintiff is not disabled will be upheld if the
12 findings of fact are supported by substantial evidence.” *Delgado v. Heckler*, 722
13 F.2d 570, 572 (9th Cir. 1983) (*citing* 42 U.S.C. § 405(g)). Substantial evidence is
14 more than a mere scintilla, *Sorenson v. Weinberger*, 514 F.2d 1112, 1119 n. 10 (9th
15 Cir. 1975), but less than a preponderance. *McAllister v. Sullivan*, 888 F.2d 599,
16 601-02 (9th Cir. 1989). Substantial evidence “means such evidence as a reasonable
17 mind might accept as adequate to support a conclusion.” *Richardson v. Perales*,
18 402 U.S. 389, 401 (1971)(citations omitted). “[S]uch inferences and conclusions as
19 the [Commissioner] may reasonably draw from the evidence” will also be upheld.
Mark v. Celebreeze, 348 F.2d 289, 293 (9th Cir. 1965). On review, the Court
considers the record as a whole, not just the evidence supporting the decision of the
Commissioner. *Weetman v. Sullivan*, 877 F.2d 20, 22 (9th Cir. 1989) (*quoting*
Kornock v. Harris, 648 F.2d 525, 526 (9th Cir. 1980)).

It is the role of the trier of fact, not this Court, to resolve conflicts in
evidence. *Richardson*, 402 U.S. at 400. If evidence supports more than one rational
interpretation, the Court may not substitute its judgment for that of the
Commissioner. *Tackett*, 180 F.3d at 1097; *Allen v. Heckler*, 749 F.2d 577, 579 (9th

1 Cir. 1984). Nevertheless, a decision supported by substantial evidence will still be
2 set aside if the proper legal standards were not applied in weighing the evidence
3 and making the decision. *Browner v. Secretary of Health and Human Services*, 839
4 F.2d 432, 433 (9th Cir. 1987). Thus, if there is substantial evidence to support the
5 administrative findings, or if there is conflicting evidence that will support a
6 finding of either disability or nondisability, the finding of the Commissioner is
7 conclusive. *Sprague v. Bowen*, 812 F.2d 1226, 1229-1230 (9th Cir. 1987).

8 **ALJ'S FINDINGS**

9 At step one ALJ Ausems found Plaintiff did not work at SGA levels after
10 she applied for benefits (Tr. 21). At steps two and three, she found Plaintiff suffers
11 from mild degenerative joint disease in the knees; fibromyalgia; migraine
12 headaches; rheumatoid arthritis versus other inflammatory arthritis; depressive
13 disorder NOS and anxiety disorder NOS, impairments that are severe but do not
14 meet or medically equal a listed impairment (Tr. 21). The ALJ found Plaintiff less
15 than fully credible. She found Plaintiff has the residual functional capacity to
16 perform a range of light work (Tr. 24, 26). At step four, the ALJ found Plaintiff has
17 no past relevant work (Tr. 29). At step five, relying on a vocational expert's
18 testimony, the ALJ found there are other jobs Plaintiff can perform (Tr. 30-31).
19 Accordingly the ALJ concluded Plaintiff was not disabled from the application
date through the date of the decision (Tr. 31).

20 **ISSUES**

21 Plaintiff alleges the ALJ failed to erred when she weighed the evidence,
22 assessed credibility and determined her residual functional capacity. ECF No. 18 at
23 7. The Commissioner responds that Plaintiff fails to meet her burden of showing
24 prejudicial error and, because substantial evidence supports the ALJ's decision, she
25 asks the Court to affirm. ECF No. 23 at 1-2.

1 **DISCUSSION**

2 *A. Opinion evidence*

3 Dr. Chau

4 Plaintiff alleges the ALJ should have credited the February 2013 opinion of
5 treating rheumatologist Wing Chau, M.D., that Plaintiff must lie down during the
6 day, would likely miss four or more days of work a month, experiences fatigue,
7 migraine headaches and poor sleep and has a fair to poor prognosis. ECF No. 18 at
8 7, Tr. 449-50. The Commissioner responds that the ALJ’s reasons for giving this
9 opinion little weight are legally sufficient. The ALJ rejected this opinion because
10 Dr. Chau only treated Plaintiff on two occasions, the doctor failed to list the
11 number of positive tender points to support the fibromyalgia diagnosis and the
12 opinion is inconsistent with his own clinical findings. ECF No. 23 at 11-12, Tr. 29.
13 The Commissioner acknowledges the ALJ erroneously found Dr. Chau was not a
14 treating source. She alleges that because the ALJ’s reasoning is otherwise specific,
15 legitimate and supported by substantial evidence, the error is harmless. ECF No. 23
16 at 12-13.

17 The Court agrees with Plaintiff. The ALJ’s reasons are not legally sufficient
18 and are unsupported by the record. The resulting error is harmful.

19 Dr. Chau was clearly a treatment provider. He record shows he treated
Plaintiff on at least three occasions: October 25, 2012, a missed appointment is
noted November 8, 2012, January 13, 2013 and January 22, 2013 (Tr. 410, 449).

In support of the ALJ’s determination, the Commissioner cites *Batson* as
“holding that a court need not uphold all of the ALJ’s reasons for discounting a
claimant’s credibility.” ECF No. 23 at 13, citing *Batson v. Comm’r of Soc. Sec.
Admin.*, 359 F.3d 1190, 1197 (9th Cir. 2004). This does not apply to weighing the
opinion of a treating doctor. The Commissioner also cites *Carmickle* as “upholding
an ALJ’s determination, although two of the ALJ’ reasons were invalid.” ECF No.

1 23 at 13, citing *Carmickle v. Comm’r of Soc. Sec. Admin.*, 533 F.3d 1155, 1162-63
2 (9th Cir. 2008). Again, different standards apply to weighing Plaintiff’s credibility
3 and weighing the opinion of a treating doctor. Compare *Lester v. Chater*, 81 F.3d
4 821 (9th Cir. 1995) (a contradicted opinion by a treating doctor may only be
5 rejected for reasons that are specific, legitimate and supported by substantial
6 evidence) with *Carmickle*, 533 F.3d at 1160 (claimant’s credibility determination
7 must be based on clear and convincing reasons). Moreover, under certain
8 circumstances, the Court may be required to credit as true the opinion of a treating
9 doctor the ALJ has improperly discounted. CITE

10 Dr. Chau was the second treating rheumatologist who diagnosed
11 fibromyalgia. On March 1, 2012, J. Chad Byrd, M.D., diagnosed fibromyalgia,
12 undifferentiated connective tissue disease and high-risk medication use. Dr. Byrd
13 noted 12 of 18 tender points (Tr. 313). Because another rheumatologist previously
14 made the diagnosis using the tender point scale, it makes little sense to reject the
15 later treating doctor’s, Chau’s, opinion because he failed to specify the number of
16 tender points.

17 The ALJ’s final reason, that Dr. Chau’s February 2013 opinion is
18 inconsistent with his own findings (Tr. 29) is not supported by the record. The ALJ
19 cites Dr. Chau’s reported findings on October 25, 2012 (Tr. 412). However, these
findings include “She was tender to palpitation of the anterior secondary intercostal
space, under the occiput, L5 junction and bilateral medial knees.” This is fully
consistent with Plaintiff’s fibromyalgia diagnosis. The ALJ’s belief that these
findings are inconsistent with Chau’s opinion (that plaintiff’s fibromyalgia requires
her to lie down during the day, she may miss four or more days of work each
month due to her fluctuating condition, work on a regular and continuous basis
could possibly cause her condition to deteriorate and her prognosis is fair to poor)
is mistaken. In addition, the ALJ did not appear to recognize that because Chau is a

1 specialist, his opinion is owed greater deference as a matter of regulation. *Garrison*
2 *v. Colvin*, 759 F.3d 995, 1013 (9th Cir. 2014); *see* 20 C.F.R. § 404.1517(c)(5).

3 Dr. Byrd

4 When Dr. Byrd began treating Plaintiff in July 2010, he diagnosed
5 depression in addition to the physical diagnoses (Tr. 235). In addition, in July 2010
6 treatment provider Deborah Rogers, ARNP assessed diffuse arthralgias consistent
7 with fibromyalgia (Tr. 234). In September 2010 Plaintiff was hospitalized with
8 radiating shoulder pain (Tr. 246). In August and September 2010 knee swelling is
9 noted on exam by Ms. Rogers (Tr. 249, 254). In October 2010 Dr. Byrd changed
10 Plaintiff's medication (Tr. 260). Plaintiff saw Ms. Rogers for right hip pain in
11 April 2011 (Tr. 275). The ALJ purports to give significant weight to Dr. Byrd's
12 April 2012 opinion plaintiff can perform light work (Tr. 28, 329). However, this is
13 simply a check box form with no stated basis for the opinion.

14 When the ALJ incorporated Dr. Chau's limitations in an RFC presented to
15 the VE, the VE testified these impairments, particularly missing four days of work
16 per month, would prevent work (Tr. 81).

17 Dr. Martinez

18 Plaintiff points out examining doctor David Martinez, M.D., opined in
19 February 2012 that Plaintiff was unable to participate in training or employment
activities for twelve months (Tr. 341-42). The ALJ purported to give Dr.
Martinez's report significant weight, yet rejected this part of the opinion because it
"applies to Department of Social and Health Services only" (Tr. 28). The ALJ is
mistaken. There is nothing in the form itself or added by Dr. Martinez that would
so limit *only* this portion of his opinion.

The ALJ rejected the April 2011 opinion of treatment provider Christy
Chantharath, ARNP, as inconsistent with normal x-rays and other findings, such as
neurological integrity, that are not probative of fibromyalgia symptoms or

1 limitations (TR. 28-29).

2 Dr. Kouzes

3 With respect to psychological limitations, the ALJ rejected the opinion of
4 Jan Kouzes, Ed.D., who examined Plaintiff in October 2011 (Tr. 29, 322-27). Dr.
5 Kouzes opined Plaintiff “is likely to be able to sustain part-time employment at a
6 sheltered, flexible work environment where she could be trained for simple,
7 repetitive tasks” (Tr. 325). This is equivalent to saying, for purposes of
8 determining disability, Plaintiff is disabled (i.e., one must be able to work full time
9 in a competitive work environment to be deemed able to work). Dr. Kouzes
10 assessed moderate (defined as significant) interference in the ability to work
11 caused by depressed mood and anxiety (Tr. 323). Dr. Kouzes opined Plaintiff
12 would be moderately (significantly) limited in the ability to maintain appropriate
13 behavior in a work setting, among other moderate and marked limitations (Tr.
14 325). The ALJ rejected this opinion, without specifically citing Dr. Kouzes’s
15 conclusion, because Plaintiff has attended church and children’s school functions
16 and gets along with authority figures (Tr. 29). The Court does not find these are
17 legitimate reasons supported by substantial evidence for rejecting the examiner’s
18 conclusion Plaintiff is unable to sustain work full time in a competitive
19 environment.

20 *B. Credibility*

21 To aid in weighing the conflicting medical evidence, the ALJ evaluated
22 Plaintiff’s credibility. Credibility determinations bear on evaluations of medical
23 evidence when an ALJ is presented with conflicting medical opinions or
24 inconsistency between a claimant’s subjective complaints and diagnosed condition.
25 *See Webb v. Barnhart*, 433 F.3d 683, 688 (9th Cir. 2005). It is the province of the
26 ALJ to make credibility determinations. *Andrews v. Shalala*, 53 F.3d 1035, 1039
27 (9th Cir. 1995). However, the ALJ’s findings must be supported by specific cogent

1 reasons. *Rashad v. Sullivan*, 903 F.2d 1229, 1231 (9th Cir. 1990). Absent
2 affirmative evidence of malingering, the ALJ's reason for rejecting the claimant's
3 testimony must be "clear and convincing." *Lester v. Chater*, 81 F.3d 821, 834 (9th
4 Cir. 1995).

5 Plaintiff challenges the ALJ's negative credibility assessment. ECF No. 18
6 at 20-28, Tr. 25-27. The Commissioner responds that the ALJ's reasons
7 (inconsistent statements about symptoms and functioning, failure to seek mental
8 health treatment and subjective complaints inconsistent with objective medical
9 evidence, including symptoms controlled with treatment) are clear and convincing.
10 ECF No. 23 at 3, 5-10.

11 The Court disagrees.

12 The inconsistent statements the ALJ points to include Plaintiff's inability to
13 work due to chronic knees, hips, shoulders and lower and upper back pain which
14 caused her be bedridden on bad days and only able to make it from the bed to the
15 bathroom on good days (Tr. 25, 59). Plaintiff testified she could sit for thirty
16 minutes and stand ten to twenty minutes before needing to change position. The
17 ALJ found this inconsistent with some of the activities Plaintiff described,
18 including caring for her disabled ex-husband until April 2011, which involved
19 cooking, cleaning, helping him out of bed and assisting with dressing and bathing
(Tr. 25, 44). She reported caring for her daughter in October 2010 (Tr. 202-03). [At
the hearing her daughter was almost eleven years old.] She shopped for groceries,
went to the library and went to the movie theater (Tr. 61).

When the record as a whole is considered, these statements are consistent.
Plaintiff testified that, although she cared for her husband, by late 2010 or early
2011 her own pain had become so severe that she had to lie down for two to three
hours daily after assisting him (Tr. 51-53). She testified that with any activity such
as going to the library she can only be out for a couple of hours before she

1 experiences increased back pain (Tr. 51, 61-62, 66).

2 The ALJ also relied on complaints inconsistent with objective medical
3 evidence, including symptoms controlled effectively with medication. The record
4 does not support the ALJ's reason.

5 At times medications have helped, but never consistently alleviated,
6 Plaintiff's fibromyalgia pain. (Tr. 58, 66-71).

7 The ALJ errs in relying on imaging and other standard test results because
8 these tests are not indicative of fibromyalgia. The specialists who treated and
9 examined Plaintiff diagnosed fibromyalgia based in part on tender points, as is
10 normal in making this diagnosis.

11 Because the ALJ did not provide clear and convincing reasons for excluding
12 the effects of pain and likely absenteeism from her RFC assessment, substantial
13 evidence does not support the assessment. *See Gallant v. Heckler*, 753 F.2d 1450,
14 1456 (9th Cir. 1984) ("Because ... the ALJ had no clear or convincing reasons for
15 rejecting [claimant's allegations of persistent disabling pain], claimant's pain
16 should have formed a part of the ALJ's question to the expert").

17 The ALJ's reasons for finding Plaintiff less than credible are not clear and
18 convincing, nor are they supported by the record. Her reasons for failing to credit
19 Dr. Chau's and Dr. Kouzes' assessed limitations are not supported by the record.
The question presented to the VE failed to include all of the limitations supported
by the evidence. The errors are harmful.

When the evidence is properly credited, it is clear Plaintiff is disabled and
the case should be remanded for an immediate award of benefits.

CONCLUSION

After review the Court finds the ALJ's decision is not supported by
substantial evidence and contains legal error.

IT IS ORDERED:

