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

EMMA JO TROWBRIDGE,)	NO. CV 10-08112 SS
)	
Plaintiff,)	
)	
v.)	
)	MEMORANDUM DECISION AND ORDER
MICHAEL J. ASTRUE,)	
Commissioner of the Social)	
Security Administration,)	
)	
Defendant.)	
)	

**I.
INTRODUCTION**

Emma Jo Trowbridge ("Plaintiff") brings this action seeking to overturn the decision of the Commissioner of the Social Security Administration (hereinafter the "Commissioner" or the "Agency") partially denying her applications for Social Security Income benefits ("SSI") and Disability Insurance Benefits ("DIB"). The parties consented, pursuant to 28 U.S.C. § 636(c), to the jurisdiction of the undersigned United States Magistrate Judge. For the reasons stated below, the decision of the Agency is AFFIRMED.

1 with associated extensive left hilar and mediastinal adenopathy
2 consistent with primary lung malignancy." (AR 235). Plaintiff was
3 later hospitalized for breathing problems at Granada Hills Community
4 Hospital in November 2002. (AR 164). Dr. Eswar Nyamathi took a biopsy
5 from Plaintiff's left lung by on November 8, 2002. (AR 231). A second
6 biopsy taken on April 18, 2003 by Dr. Nyamathi revealed features of
7 sarcoidosis. (AR 205). A chest x-ray performed on April 16, 2003,
8 along with a CT scan conducted on April 2, 2003 mirrored the findings
9 of the biopsy. (AR 207, 209). The medical record indicates that Dr.
10 Thompson first diagnosed Plaintiff with sarcoidosis on May 14, 2003.
11 (AR 305).

12
13 Following Plaintiff's diagnosis with sarcoidosis, she made numerous
14 visits to Granada Hills Community Hospital seeking treatment for various
15 ailments and prescription refills. (AR 251-72). On May 5, 2003, an x-
16 ray taken of Plaintiff's right foot after she complained of persistent
17 foot pain revealed no significant issue. (AR 277). During another
18 visit on September 26, 2003, Plaintiff complained of pelvic pain. (AR
19 275). An ultrasound revealed a "6 mm cyst area, with a slightly
20 thickened wall adjacent to the right endometrium probably from a
21 degenerated fibroid." (Id.)

22
23 Plaintiff commonly complained of debilitating headaches. (AR 251-
24 55, 260-65). However, an MRI taken on May 24, 2004 showed "no evidence
25 of mass, hemorrhage, or infarct. No abnormal enhancement." (AR 274).
26 Another MRI, taken the same day, of the pituitary gland also returned
27 negative for abnormalities. (AR 273).

1 Although Plaintiff complained of persistent neck pain, an MRI of
2 her cervical spine taken on November 8, 2004 failed to reveal any severe
3 abnormalities, other than mild central canal stenosis. (AR 247-48).
4 However, on March 8, 2006, a new x-ray of Plaintiff's cervical spine
5 revealed evidence of more severe issues including degenerative disc
6 disease of the lower cervical spine and narrowing of disc space possibly
7 related to disk bulging. (AR 337-41). On July 27, 2006, Dr. Andrew
8 Seltzer performed a "cervical epidural injection" on Plaintiff to
9 relieve pain associated with cervical disc disease. (AR 333).

10
11 **B. Examining Sources**

12
13 **1. Psychiatric Evaluations**

14
15 On July 10, 2006, medical student Jennifer Stevenson, performed the
16 first psychiatric evaluation of Plaintiff. (AR 353-58). The assessment
17 stated that Plaintiff had a GAF of 52. (AR 358). On September 28,
18 2006, Dr. Olayinka Kamson, a psychiatrist, opined that Plaintiff
19 suffered from major depressive disorder and recurrent post traumatic
20 stress disorder. (AR 359). The record does not include any psychiatric
21 treatment records prior to July 10, 2006.

22
23 **2. Internal Medicine Evaluations**

24
25 On March 5, 2003, Dr. R.S. Vasan examined Plaintiff. (AR 192).
26 Based on impressions from the examination, Dr. Vasan concluded that
27 Plaintiff had clear lungs, and no irregularities in her chest, heart,
28

1 or head. (Id.). After reviewing x-rays of Plaintiff's chest, Dr. Vasan
2 determined that Plaintiff had "[m]ediastinal and axillary
3 lymphadenopathy," but was uncertain of the cause. (AR 193).

4
5 Dr. Douglas R. Gellerman examined Plaintiff on November 2, 2004,
6 at the request of treating physician, Dr. Joey Brett, to determine the
7 cause of Plaintiff's headaches. (AR 249). Dr. Gellerman concluded that
8 Plaintiff had no abnormalities. (See id.).

9
10 Dr. Jagvinder Singh performed an Internal Medicine Consultation on
11 December 21, 2004. (AR 317-21). Dr. Singh noted that Plaintiff had no
12 problem with mobility, and that her "appearance, mood, gait and speech
13 [were] normal." (AR 318). Additionally, Plaintiff's "lungs sound[ed]
14 clear" despite her recorded history of asthma. (AR 321). According to
15 Dr. Singh, Plaintiff could "stand and walk for about 6 hours," sit
16 without complication, lift fifty pounds occasionally, and lift twenty-
17 five pounds frequently. (Id.).

18
19 On January 31, 2005, Dr. Om P. Sharma reported findings based on
20 an examination of Plaintiff. (AR 297). Dr. Sharma diagnosed Plaintiff
21 with sarcoidosis of the lungs and spleen, and recurrent chest pain with
22 fibromyalgia or chronic fatigue syndrome. (AR 298). However, Dr.
23 Sharma asserted that Plaintiff did "not need any treatment at this time"
24 with regard to her sarcoidosis. (Id.).

25
26 Dr. Singh reexamined Plaintiff on August 1, 2005. (AR 311). While
27 Dr. Singh recognized Plaintiff's history of rheumatoid arthritis,
28

1 pulmonary fibrosis, sarcoidosis, and hypothyroidism, he could not find
2 "any physical signs of any of the diseases." (AR 314-15). Further, he
3 could not find "any limitation" either. (AR 315). Accordingly, he
4 opined that Plaintiff could still "stand and walk for 6 hours," sit
5 without restrictions, lift and carry twenty-five pounds frequently, and
6 lift and carry fifty pounds occasionally. (Id.). Additionally, Dr.
7 Singh asserted that Plaintiff had no postural limitations, but stated
8 that Plaintiff should avoid exposure to fumes, dust, biological or
9 chemical hazards. (Id.).

10
11 On June 12, 2006, at Dr. Brett's request, Dr. Jessica Bren Boston
12 examined Plaintiff to determine the source of her neck pain and
13 recommend a treatment program. (AR 335-38). Upon examination, Dr.
14 Boston reported that Plaintiff had "significant pain with lateral
15 flexion bilaterally at the cervical spine" as well as "increased low
16 back pain with lumbar extension greater than flexion." (AR 337). After
17 reviewing x-rays of Plaintiff's cervical spine, Dr. Boston concluded
18 that Plaintiff had possible cervical disc bulging and degenerative disk
19 disease of the lower cervical spine. (Id.). Additionally, after
20 examining an x-ray of Plaintiff's lumbar spine, Dr. Boston concluded
21 that Plaintiff had "[f]acet arthropathy at L4-L5 and L5-S1 bilaterally."
22 (Id.).

23
24 **C. Consultative Sources**

25
26 On February 17, 2005, Dr. Myung Sohn, completed a Physical Residual
27 Functional Capacity Assessment of Plaintiff. (AR 324-31). The
28

1 assessment was based on Dr. Sohn's impression after reviewing
2 Plaintiff's records. (See AR 324). Accordingly, Dr. Sohn opined that
3 Plaintiff could occasionally lift and/or carry fifty pounds, frequently
4 lift and/or carry twenty-five pounds, and be on her feet for "about 6
5 hours in an 8-hour workday." (AR 325). Further, Dr. Sohn asserted that
6 Plaintiff did not have any push or pull limitations, nor any postural,
7 manipulative, visual, or communicative limitations. (AR 325-28).

8
9 **D. Vocational Expert's Testimony**

10
11 Barbara Miksic, a vocational expert, testified at Plaintiff's 2007
12 hearing. (AR 94-96). Ms. Miksic testified that a person who is "is
13 physically able of lifting 50 pounds occasionally, and 25 pounds
14 frequently, can stand and/or walk for 6 hours out of an 8-hour day, can
15 sit for 6 hours in an 8-hour day, and frequently able to perform all six
16 of the postural functions" would be able to perform Plaintiff's past
17 relevant work. (AR 96).

18
19 **F. Plaintiff's Testimony**

20
21 At the 2007 hearing, Plaintiff testified that she last worked as
22 a secretary for an airplane manufacturing company. (AR 66). She
23 confirmed that the maximum amount of weight she had to carry was "maybe
24 15 pounds," and that she was on her feet "less than four" hours a day.
25 (AR 66-67). Plaintiff testified that, at the time of the hearing, she
26 could carry up to a maximum of ten pounds, be on her feet for a total
27 of thirty minutes in an eight-hour period, and sit continuously for an
28

1 hour in an eight-hour period. (AR 79-80). Moreover, Plaintiff claimed
2 that she had trouble balancing because of back problems arising from
3 pregnancy and other factors during the 1990s. (AR 83-84). Further,
4 Plaintiff testified that she routinely leaves her house at least twice
5 a day, five days a week, to take her son to and from school. (AR 93).
6

7 When the ALJ asked why Plaintiff was unable to work since January
8 2000, Plaintiff claimed that sarcoidosis and asthma limited her ability
9 to breathe (AR 68-69), which further impacted her exertional capacity
10 because she would become "dizzy, light-headed, and feel faint." (AR
11 69). Plaintiff also testified that during that time she could walk
12 about half an hour in an eight-hour period, and had to change positions
13 every twenty minutes while seated. (AR 70-71).
14
15

16 IV.

17 THE FIVE-STEP SEQUENTIAL EVALUATION PROCESS

18

19 To qualify for disability benefits, a claimant must demonstrate a
20 medically determinable physical or mental impairment that prevents her
21 from engaging in substantial gainful activity¹ and that is expected to
22 result in death or to last for a continuous period of at least twelve
23 months. Reddick v. Chater, 157 F.3d 715, 721 (9th Cir. 1998) (citing
24 42 U.S.C. § 423(d)(1)(A)). The impairment must render the claimant
25 incapable of performing the work she previously performed and incapable
26

27 ¹ Substantial gainful activity means work that involves doing
28 significant and productive physical or mental duties and is done for pay
or profit. 20 C.F.R. § 416.910.

1 of performing any other substantial gainful employment that exists in
2 the national economy. Tackett v. Apfel, 180 F.3d 1094, 1098 (9th Cir.
3 1999) (citing 42 U.S.C. § 423(d) (2) (A)).

4
5 To decide if a claimant is entitled to benefits, an ALJ conducts
6 a five-step inquiry. 20 C.F.R. § 416.920. The steps are:

- 7
8 (1) Is the claimant presently engaged in substantial gainful
9 activity? If so, the claimant is found not disabled.
10 If not, proceed to step two.
11 (2) Is the claimant's impairment severe? If not, the
12 claimant is found not disabled. If so, proceed to step
13 three.
14 (3) Does the claimant's impairment meet or equal the
15 requirements of any impairment listed at 20 C.F.R. Part
16 404, Subpart P, Appendix 1? If so, the claimant is
17 found disabled. If not, proceed to step four.
18 (4) Is the claimant capable of performing h[er] past work?
19 If so, the claimant is found not disabled. If not,
20 proceed to step five.
21 (5) Is the claimant able to do any other work? If not, the
22 claimant is found disabled. If so, the claimant is
23 found not disabled.

24
25 Tackett, 180 F.3d at 1098-99; see also Bustamante v. Massanari, 262 F.3d
26 949, 953-54 (9th Cir. 2001); 20 C.F.R. § 416.920 (b)-(g) (1).

1 The claimant has the burden of proof at steps one through four, and
2 the Commissioner has the burden of proof at step five. Bustamante, 262
3 F.3d at 953-54. If, at step four, the claimant meets her burden of
4 establishing an inability to perform the past work, the Commissioner
5 must show that the claimant can perform some other work that exists in
6 "significant numbers" in the national economy, taking into account the
7 claimant's RFC, age, education and work experience. Tackett, 180 F.3d
8 at 1100; 20 C.F.R. § 416.920(g)(1). The Commissioner may do so by the
9 testimony of a vocational expert or by reference to the Medical-
10 Vocational Guidelines appearing in 20 C.F.R. Part 404, Subpart P,
11 Appendix 2 (commonly known as "the Grids"). Osenbrock v. Apfel, 240
12 F.3d 1157, 1162 (9th Cir. 2001). When a claimant has both exertional
13 (strength-related) and nonexertional limitations, the Grids are
14 inapplicable and the ALJ must take the testimony of a vocational expert.
15 Moore v. Apfel, 216 F.3d 864, 869 (9th Cir. 2000).

16
17 **V.**

18 **THE ALJ'S DECISION**

19
20 The ALJ employed the five-step sequential evaluation process and
21 concluded that Plaintiff was disabled beginning March 1, 2006 under the
22 Social Security Act. (AR 21-31). At the first step, the ALJ found that
23 Plaintiff had not engaged in substantial gainful activity since June 30,
24 2003. (AR 24). At step two, the ALJ found that Plaintiff had severe
25 impairments, including "degenerative disc disease, fibromyalgia
26 secondary to her chronic fatigue syndrome (possible but not
27 established), and depression." (Id.). At step three, the ALJ found
28

1 that the severe impairments at step two did not meet or medically equal
2 a listed impairment. (AR 25).

3
4 At step four, the ALJ split his analysis based on Plaintiff's
5 residual functional capacity ("RFC") before and after March 1, 2006.
6 (AR 26-30). Prior to March 1, 2006, the ALJ found that Plaintiff could
7 perform medium work, including "standing and/or walking at least 6 hours
8 in an 8 hour work day; sitting at least 6 hours in an 8 hour work day,
9 using hands and feet for pushing and pulling arm and leg controls, and
10 lifting 50 lbs. occasionally with frequent lifting of up to 25 lbs."
11 (AR 26). The ALJ relied on the State Agency's and Dr. Singh's opinions
12 of Plaintiff's RFC. (Id.). Further, the ALJ cited the fact that Dr.
13 Singh "did not find any physical signs of any diseases" that Plaintiff
14 asserted. (AR 25).

15
16 Moreover, the ALJ discounted Plaintiff's testimony about her
17 capabilities prior to March 1, 2006, because "her medical history and
18 the objective medical evidence offer no basis for drawing reasonable
19 conclusions regarding the extent of her alleged symptoms." (AR 27).
20 Specifically, the ALJ referred to MRI scans of Plaintiff's head and
21 spine during that time, which failed to support Plaintiff's assertions.
22 (See id.). Further, the ALJ noted that Plaintiff had no trouble living,
23 dressing, grooming, bathing, cooking, doing laundry, or talking walks.
24 (AR 28). The ALJ also highlighted that there is no evidence in
25 Plaintiff's medical record supporting mental limitations prior to March
26 1, 2006. (Id.). Additionally, the ALJ pointed out that Plaintiff was

1 classified as a younger individual, thirty-six years old, on the alleged
2 onset date of disability. (AR 29).

3
4 After determining Plaintiff's RFC, the ALJ determined that
5 Plaintiff could have performed her past relevant work as a secretary
6 prior to March 1, 2006. (AR 28). Specifically, he asserted, "her
7 impairments were not so severe and frequent to prevent medium work with
8 frequent postural limitations in climbing, balancing, stooping,
9 kneeling, crouching, and crawling." (Id.). The ALJ relied partially
10 on the vocational expert's opinion, which confirmed that a hypothetical
11 person, similarly situated to Plaintiff, could perform secretarial
12 duties. (AR 29).

13
14 However, after March 1, 2006, the ALJ determined that there was
15 sufficient evidence in the record to support this finding. (Id.). The
16 ALJ accredits this change to x-ray results from Plaintiff's lower back
17 and neck, which revealed "disabling degenerative disc disease and disc
18 bulge of the lower spine," as well as "facet arthropathy at L4-L5 and
19 L5-S1 bilaterally." (Id.). Further, the ALJ gave weight to the
20 findings of Plaintiff's mental evaluation on July 10, 2006, which showed
21 that Plaintiff had major depressive disorder and recurrent and post-
22 traumatic stress disorder. (AR 30). Accordingly, the ALJ found that
23 Plaintiff could not perform her previous work experience after March 1,
24 2006, and that she was disabled as of that date. (Id.).

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VI.

STANDARD OF REVIEW

Under 42 U.S.C. § 405(g), a district court may review the Commissioner's decision to deny benefits. The court may set aside the Commissioner's decision when the ALJ's findings are based on legal error or are not supported by substantial evidence in the record as a whole. Aukland v. Massanari, 257 F.3d 1033, 1035 (9th Cir. 2001); Smolen v. Chater, 80 F.3d 1273, 1279 (9th Cir. 1996).

"Substantial evidence is more than a scintilla, but less than a preponderance." Reddick, 157 F.3d at 720. It is "relevant evidence which a reasonable person might accept as adequate to support a conclusion." Id. To determine whether substantial evidence supports a finding, the court must "'consider the record as a whole, weighing both evidence that supports and evidence that detracts from the [Commissioner's] conclusion.'" Aukland, 257 F.3d at 1035 (quoting Penny v. Sullivan, 2 F.3d 953, 956 (9th Cir. 1993)). If the evidence can reasonably support either affirming or reversing that conclusion, the court may not substitute its judgment for that of the Commissioner. Reddick, 157 F.3d at 720-21.

VII.

DISCUSSION

Plaintiff contends the ALJ erred in failing to provide clear and convincing reasons for rejecting Plaintiff's testimony concerning her

1 condition prior to March 1, 2006. (Memorandum in Support of Plaintiff's
2 Complaint ("Complaint Memo.") at 2). The Court rejects Plaintiff's
3 claim. For the reasons discussed below, the Court finds that the ALJ's
4 decision should be AFFIRMED.

5
6 **The ALJ Gave Clear and Convincing Reasons For Rejecting**
7 **Plaintiff's Subjective Testimony Regarding Her Condition Before**
8 **March 1, 2006**
9

10 Plaintiff contends that the ALJ failed to provide clear and
11 convincing reasons for rejecting Plaintiff's subjective testimony
12 concerning her condition prior to March 1, 2006. (Complaint Memo. at
13 2). The Court disagrees.

14
15 Whenever an ALJ's disbelief of a claimant's testimony is a critical
16 factor in a decision to deny benefits, as it is here, the ALJ must make
17 explicit credibility findings. Rochin v. Barnhart, 204 F. App'x 601,
18 602 (9th Cir. 2006); Rashad v. Sullivan, 903 F.2d 1229, 1231 (9th Cir.
19 1990). Unless there is affirmative evidence showing that a claimant is
20 malingering, the ALJ's reasons for rejecting the claimant's testimony
21 must be "clear and convincing." Parra v. Astrue, 481 F.3d 742, 750 (9th
22 Cir. 2007); Lester v. Chater, 81 F.3d 821, 834 (9th Cir 1995). As long
23 as Plaintiff offers evidence of a medical impairment that could
24 reasonably be expected to produce pain, the ALJ may not require the
25 degree of pain to be corroborated by objective medical evidence.
26 Bunnell v. Sullivan, 947 F.2d 341, 346-47 (9th Cir. 1991) (en banc);
27 Smolen, 80 F.3d at 1282.

1 The ALJ may, however, reject Plaintiff's testimony regarding the
2 severity of her symptoms if he points to clear and convincing reasons
3 for doing so. See Smolen, 80 F.3d at 1283-84. To determine whether
4 Plaintiff's testimony regarding the severity of her symptoms is
5 credible, the ALJ may consider, among other things, the following
6 evidence: (1) ordinary techniques of credibility evaluation, such as the
7 claimant's reputation for lying, prior inconsistent statements
8 concerning the symptoms, and other testimony by the claimant that
9 appears less than candid; (2) unexplained or inadequately explained
10 failure to seek treatment or to follow a prescribed course of treatment;
11 and (3) the claimant's daily activities. Id. at 1284. If the ALJ's
12 credibility finding is supported by substantial evidence in the record,
13 the court may not engage in second-guessing. Thomas v. Barnhart, 278
14 F.3d 947, 959 (9th Cir. 2002).

15
16 Here, the ALJ found that Plaintiff's "allegations of symptoms
17 simply do not support an allegation that she [was] incapable of
18 performing any work activity" prior to 2006. (AR 27). The ALJ noted
19 that Plaintiff "had no problem in dressing, grooming and bathing
20 herself. [Plaintiff] drives, does cooking, laundry, vacuuming, makes
21 the bed, dishwashing, and takes a walk." (AR 28). The ALJ further
22 noted that there were "no laboratory or clinical findings" or any
23 "demonstrated medical pathology" documented in the record to support a
24 more restrictive RFC. (Id.). Additionally, the ALJ found "nothing in
25 the record to indicate that there were any limitations from a mental
26 standpoint prior to March 1, 2006." (Id.). The ALJ concluded that
27 while Plaintiff's "medically determinable impairment could reasonably
28

1 be expected to produce the alleged symptoms . . . [her] statements
2 concerning the intensity, persistence and limiting effects of these
3 symptoms are not entirely credible.” Id.

4
5 The ALJ’s opinion is supported by substantial evidence in the
6 record. Specifically, there is significant evidence showing Plaintiff
7 exaggerated her pre-2006 symptoms. First, the ALJ properly discredited
8 Plaintiff’s complaints of disabling migraines by pointing to an MRI from
9 March 24, 2004. (AR 27). The MRI revealed no evidence of “mass,
10 hemorrhage or infarct.” Id. Moreover, Dr. Gellerman failed to find
11 abnormalities when he examined Plaintiff on November 2, 2004. (AR 18,
12 249). Although Plaintiff frequently complained of disabling headaches
13 (AR 251-72), there are no records supporting her complaints.

14
15 Second, the ALJ correctly determined that the degree of Plaintiff’s
16 complaints pertaining to her cervical spine pain were not supported by
17 the medical record prior to March 1, 2006. (AR 24). An MRI taken on
18 November 8, 2004 of Plaintiff’s cervical spine showed no severe
19 abnormalities other than mild central canal stenosis. (AR 247-48). The
20 medical records relating to Plaintiff’s cervical spine remained
21 unchanged until March 8, 2006.²

22
23 Third, the ALJ properly relied on the consultative doctors’
24 assessments. (AR 27). While Plaintiff asserted that she could only
25

26 ² The ALJ properly relied on a significant change in Plaintiff’s
27 diagnostic test results from an MRI taken on March 8, 2006, which
28 revealed degenerative disc disease and disc bulging (AR 337-41), to
award benefits after March 1, 2006. (AR 29).

1 carry a maximum of ten pounds and be on her feet for thirty minutes in
2 an eight-hour period (AR 79-80), Dr. Singh found that she could carry
3 up to fifty pounds occasionally, carry twenty-five pounds frequently,
4 and be on her feet for six hours in an eight-hour period. (AR 318).
5 Dr Singh's results were unchanged after reexamining Plaintiff the
6 following year. (AR 315). Although Plaintiff complained of numerous
7 disabling conditions, such as asthma and sarcoidosis, Dr. Singh could
8 not find "any physical signs of any of the diseases," nor did he find
9 any significant limitations. (Id.).

10
11 Further, Dr. Sohn's consultative assessment filed on February 17,
12 2005 supported Dr. Singh's finding that Plaintiff could perform medium
13 work. (AR 325-28). The ALJ also correctly noted that "there was no
14 demonstrated medical pathology documented anywhere in the record which
15 would substantiate restricting the [RFC] greater." (AR 28). Therefore,
16 the ALJ properly relied on the opinions of Dr. Singh and Dr. Sohn.

17
18 Fourth, the ALJ correctly noted that the record is devoid of any
19 mental health treatment prior to 2006. (AR 28). The first indication
20 that Plaintiff had a substantial mental health limitation came from an
21 examination on July 10, 2006. (AR 353-58). While Plaintiff's attorney
22 suggested that Plaintiff's mental health was an aggravating factor
23 contributing to her disability (AR 90), there is no evidence in the
24 record to show that Plaintiff's mental state was impaired prior to July
25 10, 2006. The Court agrees with the ALJ that "there was nothing in the
26 record to indicate that there were any limitations from a mental
27 standpoint prior to March 1, 2006." (AR 28).

1 Finally, the ALJ correctly noted that there was "not much objective
2 medical evidence from her treating sources" to conclude that
3 sarcoidosis, or any other impairment, was severe enough to deem
4 Plaintiff disabled before 2006. (See AR 28). In addition to the
5 medical opinions of Dr. Singh and Dr. Sohn, another examining physician,
6 Dr. Sharma, also concluded that Plaintiff did not require any further
7 treatment for sarcoidosis as of January 31, 2005. (AR 298). Further
8 the ALJ indicated that he was "very aware" of sarcoidosis, and knew that
9 "some people can do more than others" while afflicted with the disease.
10 (AR 72). However, nothing in the medical records show that Plaintiff's
11 sarcoidosis prevented her from working prior to March 1, 2006.
12

13 Therefore, it was proper for the ALJ to reject Plaintiff's claims
14 regarding her ability to work prior to March 2006. The Court concludes
15 that the ALJ provided clear and convincing reasons for discounting
16 Plaintiff's testimony concerning her condition prior to March 1, 2006.
17 Accordingly, no remand is required.

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1 **VIII.**
2 **CONCLUSION**

3
4 Consistent with the foregoing, and pursuant to sentence four of 42
5 U.S.C. § 405(g),³ IT IS ORDERED that judgment be entered AFFIRMING the
6 decision of the Commissioner. IT IS FURTHER ORDERED that the Clerk of
7 the Court serve copies of this Order and the Judgment on counsel for
8 both parties.

9
10 DATED: September 21, 2011

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12
13 _____ /S/
14 SUZANNE H. SEGAL
15 UNITED STATES MAGISTRATE JUDGE
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22 **THIS MEMORANDUM IS NOT INTENDED FOR PUBLICATION NOR IS IT INTENDED**
23 **TO BE INCLUDED IN OR SUBMITTED TO ANY ONLINE SERVICE SUCH AS WESTLAW OR**
24 **LEXIS.**

25 _____
26 ³ This sentence provides: "The [district] court shall have power
27 to enter, upon the pleadings and transcript of the record, a judgment
28 affirming, modifying, or reversing the decision of the Commissioner of
Social Security, with or without remanding the cause for a rehearing."