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UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

JACLYN DELICE CALI,  
Plaintiff,  
v.  
NANCY A. BERRYHILL, Acting  
Commissioner of Social Security,  
Defendant.

Case No. CV 16-6679 JC  
MEMORANDUM OPINION AND  
ORDER OF REMAND

**I. SUMMARY**

On September 6, 2016, Jaclyn Delice Cali (“plaintiff”) filed a Complaint seeking review of the Commissioner of Social Security’s denial of plaintiff’s application for benefits. The parties have consented to proceed before the undersigned United States Magistrate Judge.

This matter is before the Court on the parties’ cross motions for summary judgment, respectively (“Plaintiff’s Motion”) and (“Defendant’s Motion”). The Court has taken both motions under submission without oral argument. See Fed. R. Civ. P. 78; L.R. 7-15; September 7, 2016 Case Management Order ¶ 5.

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<sup>1</sup>Pursuant to Rule 25(d) of the Federal Rules of Civil Procedure, Nancy A. Berryhill is hereby substituted for Carolyn W. Colvin as the defendant in this action.

1 Based on the record as a whole and the applicable law, the decision of the  
2 Commissioner is REVERSED AND REMANDED for further proceedings  
3 consistent with this Memorandum Opinion and Order of Remand.

4 **II. BACKGROUND AND SUMMARY OF ADMINISTRATIVE**  
5 **DECISION**

6 On August 17, 2011, plaintiff filed an application for Disability Insurance  
7 Benefits alleging disability beginning on February 16, 2011, due to trigeminal  
8 neuralgia, supraventricular tachycardia (svt), depression, and restless leg  
9 syndrome. (Administrative Record (“AR”) 12, 140, 164).

10 On October 24, 2012, the Administrative Law Judge (“ALJ”) determined  
11 that plaintiff was not disabled through the date of the decision (“Pre-Remand  
12 Decision”). (AR 12-22). The Appeals Council denied plaintiff’s application for  
13 review of the Pre-Remand Decision. (AR 1).

14 On January 28, 2015, a different United States Magistrate Judge entered  
15 judgment reversing and remanding the case for further proceedings because the  
16 ALJ had improperly evaluated plaintiff’s subjective complaints. (AR 401-13).  
17 The Appeals Council in turn remanded the case for a new hearing. (AR 414-16).  
18 On remand, the ALJ held a hearing on April 14, 2016 (“Post-Remand Hearing”),  
19 during which the ALJ heard testimony from plaintiff (who was represented by  
20 counsel) and a vocational expert. (AR 305-37).

21 On May 26, 2016, the ALJ again determined that plaintiff was not disabled  
22 through the date of the decision (“Post-Remand Decision”). (AR 288-99).  
23 Specifically, the ALJ found: (1) plaintiff suffered from the following severe  
24 impairments: anxiety, asthma, depression, hypertension, migraine headaches, and  
25 trigeminal neuralgia (AR 290); (2) plaintiff’s impairments, considered singly or in  
26 combination, did not meet or medically equal a listed impairment (AR 290-91);  
27 (3) plaintiff retained the residual functional capacity to perform work at all

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1 exertional levels with additional nonexertional limitations<sup>2</sup> (AR 292); (4) plaintiff  
2 could not perform any past relevant work (AR 297); (5) there are jobs that exist in  
3 significant numbers in the national economy that plaintiff could perform,  
4 specifically receptionist, appointment clerk, and general clerk (AR 298); and  
5 (6) plaintiff's statements regarding the intensity, persistence, and limiting effects  
6 of subjective symptoms were "not entirely consistent with the medical evidence  
7 and other evidence in the record" (AR 292).

### 8 **III. APPLICABLE LEGAL STANDARDS**

#### 9 **A. Sequential Evaluation Process**

10 To qualify for disability benefits, a claimant must show that the claimant is  
11 unable "to engage in any substantial gainful activity by reason of any medically  
12 determinable physical or mental impairment which can be expected to result in  
13 death or which has lasted or can be expected to last for a continuous period of not  
14 less than 12 months." Molina v. Astrue, 674 F.3d 1104, 1110 (9th Cir. 2012)  
15 (quoting 42 U.S.C. § 423(d)(1)(A)) (internal quotation marks omitted). The  
16 impairment must render the claimant incapable of performing the work the  
17 claimant previously performed and incapable of performing any other substantial  
18 gainful employment that exists in the national economy. Tackett v. Apfel, 180  
19 F.3d 1094, 1098 (9th Cir. 1999) (citing 42 U.S.C. § 423(d)(2)(A)).

20 In assessing whether a claimant is disabled, an ALJ is required to use the  
21 following five-step sequential evaluation process:

- 22 (1) Is the claimant presently engaged in substantial gainful activity? If  
23 so, the claimant is not disabled. If not, proceed to step two.

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26 <sup>2</sup>The ALJ determined that plaintiff could perform work that (i) "requires no fast-paced  
27 quotas and is otherwise low stress"; (ii) has a specific vocational preparation ("SVP") level of  
28 five or less; and (iii) requires no more than occasional bending over, and no concentrated  
exposure to fumes, odors, gases, and dust. (AR 292).

- 1 (2) Is the claimant’s alleged impairment sufficiently severe to limit  
2 the claimant’s ability to work? If not, the claimant is not  
3 disabled. If so, proceed to step three.
- 4 (3) Does the claimant’s impairment, or combination of  
5 impairments, meet or equal an impairment listed in 20 C.F.R.  
6 Part 404, Subpart P, Appendix 1 (“Listings”)? If so, the  
7 claimant is disabled. If not, proceed to step four.
- 8 (4) Does the claimant possess the residual functional capacity to  
9 perform claimant’s past relevant work? If so, the claimant is  
10 not disabled. If not, proceed to step five.
- 11 (5) Does the claimant’s residual functional capacity, when  
12 considered with the claimant’s age, education, and work  
13 experience, allow the claimant to adjust to other work that  
14 exists in significant numbers in the national economy? If so,  
15 the claimant is not disabled. If not, the claimant is disabled.

16 Stout v. Commissioner, Social Security Administration, 454 F.3d 1050, 1052 (9th  
17 Cir. 2006) (citations omitted); see also 20 C.F.R. § 404.1520(a)(4).

18 The claimant has the burden of proof at steps one through four, and the  
19 Commissioner has the burden of proof at step five. Burch v. Barnhart, 400 F.3d  
20 676, 679 (9th Cir. 2005) (citation omitted).

## 21 **B. Standard of Review**

22 Pursuant to 42 U.S.C. section 405(g), a court may set aside a denial of  
23 benefits only if it is not supported by substantial evidence or if it is based on legal  
24 error. Robbins v. Social Security Administration, 466 F.3d 880, 882 (9th Cir.  
25 2006) (citing Flaten v. Secretary of Health & Human Services, 44 F.3d 1453, 1457  
26 (9th Cir. 1995)).

27 Substantial evidence is “such relevant evidence as a reasonable mind might  
28 accept as adequate to support a conclusion.” Richardson v. Perales, 402 U.S. 389,

1 401 (1971) (citations and quotations omitted). It is more than a mere scintilla but  
2 less than a preponderance. Robbins, 466 F.3d at 882 (citing Young v. Sullivan,  
3 911 F.2d 180, 183 (9th Cir. 1990)). To determine whether substantial evidence  
4 supports a finding, a court must “consider the record as a whole, weighing both  
5 evidence that supports and evidence that detracts from the [Commissioner’s]  
6 conclusion.” Aukland v. Massanari, 257 F.3d 1033, 1035 (9th Cir. 2001)  
7 (quoting Penny v. Sullivan, 2 F.3d 953, 956 (9th Cir. 1993)).

8 While an ALJ’s decision need not discuss every piece of evidence or be  
9 drafted with “ideal clarity,” at a minimum it must explain the ALJ’s reasoning  
10 with sufficient specificity and clarity to “allow[] for meaningful review.” Brown-  
11 Hunter v. Colvin, 806 F.3d 487, 492 (9th Cir. 2015) (citations and internal  
12 quotation marks omitted); Hiler v. Astrue, 687 F.3d 1208, 1212 (9th Cir. 2012)  
13 (citation and quotation marks omitted); see also Craft v. Astrue, 539 F.3d 668, 673  
14 (7th Cir. 2008) (ALJ must provide “accurate and logical bridge” between evidence  
15 and conclusion that claimant is not disabled so reviewing court “may assess the  
16 validity of the agency’s ultimate findings”) (citation and quotation marks omitted);  
17 see generally 42 U.S.C. § 405(b)(1) (“ALJ’s unfavorable decision must, among  
18 other things, “set[] forth a discussion of the evidence” and state “the reason or  
19 reasons upon which it is based”).

20 An ALJ’s decision to deny benefits must be upheld if the evidence could  
21 reasonably support either affirming or reversing the decision. Robbins, 466 F.3d  
22 at 882 (citing Flaten, 44 F.3d at 1457). Nonetheless, a court may not affirm  
23 “simply by isolating a ‘specific quantum of supporting evidence.’” Id. at 882  
24 (citation omitted). In addition, federal courts may review only the reasoning in the  
25 administrative decision itself, and may affirm a denial of benefits only for the  
26 reasons upon which the ALJ actually relied. Garrison v. Colvin, 759 F.3d 995,  
27 1010 (9th Cir. 2014) (citation omitted).

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1 Even when an ALJ's decision contains error, it must be affirmed if the error  
2 was harmless. Treichler v. Commissioner of Social Security Administration, 775  
3 F.3d 1090, 1099 (9th Cir. 2014). An ALJ's error is harmless if (1) it was  
4 inconsequential to the ultimate nondisability determination; or (2) despite the  
5 error, the ALJ's path may reasonably be discerned, even if the ALJ's decision was  
6 drafted with less than ideal clarity. Id. (citation and quotation marks omitted).

7 A reviewing court may not conclude that an error was harmless based on  
8 independent findings gleaned from the administrative record. Brown-Hunter, 806  
9 F.3d at 492 (citations omitted). When a reviewing court cannot confidently  
10 conclude that an error was harmless, a remand for additional investigation or  
11 explanation is generally appropriate. See Marsh v. Colvin, 792 F.3d 1170, 1173  
12 (9th Cir. 2015) (citations omitted).

#### 13 **IV. DISCUSSION**

14 Plaintiff contends that the ALJ improperly rejected certain medical opinions  
15 provided by Dr. Gopal Gabbur, a state agency examining psychiatrist. (Plaintiff's  
16 Motion at 9-10). The Court agrees. As the Court cannot find that the ALJ's error  
17 was harmless, a remand is warranted.

##### 18 **A. Pertinent Facts**

19 In an October 25, 2011 report of a Complete Psychiatric Evaluation (which  
20 included review of plaintiff's medical records, and a mental status examination of  
21 plaintiff), Dr. Gabbur, in part diagnosed plaintiff with major depressive disorder  
22 (single, moderate), and anxiety disorder (not otherwise specified), and provided  
23 the following "Functional Assessment" for plaintiff (collectively "Dr. Gabbur's  
24 Opinions"):

25 The [plaintiff's] ability to follow simple oral and written  
26 instructions was moderately limited.

27 Her ability to follow detailed instructions was severely limited.

28 Her ability to interact with the public, coworkers and supervisor [sic]

1 was not limited. The [plaintiff's] ability to comply with job rules,  
2 such as safety and attendance, was mildly limited. Her ability to  
3 respond to changes in a routine work setting was not limited. Her  
4 ability to respond to work pressure in a usual working setting was  
5 mildly limited. Her daily activities were mildly limited.

6 (AR 245-49).

7 In the Pre-Remand Decision, the ALJ gave "significant probative weight" to  
8 Dr. Gabbur's Opinions, explaining:

9 Based on his clinical findings and observations, Dr. Gabbur  
10 opined the [plaintiff's] mental impairments caused moderate  
11 limitation in her ability to follow simple oral and written instructions,  
12 and severe limitation in her ability to follow detailed instructions.  
13 However, her mental impairments caused only mild limitation in the  
14 following work-related activities: complying with job rules;  
15 responding to changes in a routine work setting; and responding to  
16 work pressure in a routine work setting. Further, her mental  
17 impairments caused no limitation in responding to changes in a  
18 routine work setting (Exhibit 2F/5 [AR 249]). This opinion is  
19 deserving of significant probative weight because it is consistent with  
20 the objective medical evidence, which showed some signs of  
21 depressed and anxious mood and impaired concentration, but  
22 otherwise normal cognitive, expressive, intellectual, and receptive  
23 function. Further, as a psychiatrist, Dr. Gabbur has knowledge,  
24 training, and a perspective that could reasonably be expected to give  
25 him greater insight into the limitations imposed by the [plaintiff's]  
26 mental impairments.

27 (AR 19-20).

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1 In the Post-Remand Decision, the ALJ gave “significant probative weight”  
2 to the opinions provided by the reviewing, state agency medical consultants, Drs.  
3 Herbert Ochitill and R. Tashjian. The ALJ explained:

4 [B]oth State agency medical consultants[] opined the [plaintiff]  
5 could understand, remember, and carry out simple and some detailed  
6 tasks. They opined the [plaintiff’s] depression would slow the  
7 [plaintiff’s] work pace, but would not prevent the [plaintiff] from  
8 adequate concentration, persistence, and pace over extended periods  
9 (Exhibit 1A/8-10 [AR 64-66]; Exhibit 3A/8-9 [AR 77-78]). These  
10 opinions are deserving of significant probative weight because they  
11 are largely consistent with each other and the objective medical  
12 evidence, which shows a history of complaints of anxious and  
13 depressive symptoms, but otherwise mostly normal cognitive,  
14 expressive, intellectual, receptive, and social functioning. Dr.  
15 Ochitill and Dr. Tashjian had the opportunity to review a considerable  
16 portion of the relevant documentary evidence. Further, as  
17 psychiatrists, Dr. Ochitill and Dr. Tashjian have knowledge, training,  
18 and a perspective that could reasonably be expected to give them  
19 greater insight into the limitations imposed by the [plaintiff’s] mental  
20 impairments.

21 (AR 296).

22 In the Post-Remand Decision, the ALJ rejected portions of Dr. Gabbur’s  
23 Opinions, explaining as follows:

24 Based on his clinical findings and observations, Dr. Gabbur  
25 opined the [plaintiff’s] mental impairments caused moderate  
26 limitation in the [plaintiff’s] ability to follow simple oral and written  
27 instructions and severe limitation in the [plaintiff’s] ability to follow  
28 detailed instructions (Exhibit 2F/5 [AR 249]). This opinion is



1 deserving of little probative weight because it is not supported by the  
2 other evidence of record, including the objective medical evidence, as  
3 discussed above, and the opinions of Dr. [Herbert] Ochitill and Dr.  
4 [R.] Tashjian [state agency reviewing doctors], which the undersigned  
5 has determined are deserving of significant probative weight.

6 (AR 296).

7 **B. Pertinent Law**

8 In Social Security cases, the amount of weight given to medical opinions  
9 generally varies depending on the type of medical professional who provided the  
10 opinions, namely “treating physicians,” “examining physicians,” and  
11 “nonexamining physicians.” 20 C.F.R. §§ 404.1527(c)(1)-(2) & (e), 404.1502,  
12 404.1513(a); Garrison, 759 F.3d at 1012 (citation and quotation marks omitted).  
13 A treating physician’s opinion is generally given the most weight, and may be  
14 “controlling” if it is “well-supported by medically acceptable clinical and  
15 laboratory diagnostic techniques and is not inconsistent with the other substantial  
16 evidence in [the claimant’s] case record[.]” 20 C.F.R. § 404.1527(c)(2); Orn v.  
17 Astrue, 495 F.3d 625, 631 (9th Cir. 2007) (citations and quotation marks omitted).  
18 In turn, an examining, but non-treating physician’s opinion is entitled to less  
19 weight than a treating physician’s, but more weight than a nonexamining  
20 physician’s opinion. Garrison, 759 F.3d at 1012 (citation omitted).

21 An ALJ may reject the uncontroverted opinion of an examining physician  
22 by providing “clear and convincing reasons that are supported by substantial  
23 evidence” for doing so. Bayliss v. Barnhart, 427 F.3d 1211, 1216 (9th Cir. 2005)  
24 (citation omitted). Where an examining physician’s opinion is contradicted by  
25 another doctor’s opinion, an ALJ may reject the examining physician’s opinion  
26 only “by providing specific and legitimate reasons that are supported by  
27 substantial evidence.” Garrison, 759 F.3d at 1012 (citation and footnote omitted).

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1 An ALJ may provide “substantial evidence” for rejecting a medical opinion  
2 by “setting out a detailed and thorough summary of the facts and conflicting  
3 clinical evidence, stating his [or her] interpretation thereof, and making findings.”  
4 Id. (citing Reddick v. Chater, 157 F.3d 715, 725 (9th Cir. 1998)) (quotation marks  
5 omitted). An ALJ must provide more than mere “conclusions” or “broad and  
6 vague” reasons for rejecting an examining physician’s opinion. Embrey v. Bowen,  
7 849 F.2d 418, 421 (9th Cir. 1988); McAllister v. Sullivan, 888 F.2d 599, 602 (9th  
8 Cir. 1989) (citation omitted). “[The ALJ] must set forth his [or her] own  
9 interpretations and explain why they, rather than the [physician’s], are correct.”  
10 Embrey, 849 F.2d at 421-22.

### 11 C. Analysis

12 Here, a remand is warranted to permit the ALJ to reevaluate the medical  
13 opinion evidence regarding plaintiff’s mental impairments.

14 First, the ALJ’s evaluation of Dr. Gabbur’s Opinions appears to be  
15 inconsistent. For example, in the Pre-Remand Decision the ALJ apparently gave  
16 “significant probative weight” to all of Dr. Gabbur’s Opinions, while in the Post-  
17 Remand Decision the ALJ gave “little probative weight” to a portion of Dr.  
18 Gabbur’s Opinions. (Compare AR 19-20 with AR 296). The ALJ did not provide  
19 any explanation for the apparent inconsistency.

20 Second, the ALJ purportedly rejected Dr. Gabbur’s opinions that plaintiff  
21 had “moderate limitation in [her] ability to follow simple . . . instructions,” and  
22 “severe limitation in [her] ability to follow detailed instructions” (collectively “Dr.  
23 Gabbur’s Task Limitations”) in part, because such opinions were “not supported  
24 by the other evidence of record, including the objective medical evidence, as  
25 discussed above[.]” (AR 296). Nonetheless, the ALJ failed to explain precisely  
26 how the objective medical evidence or “other evidence” as a whole undermined  
27 Dr. Gabbur’s Task Limitations. The broad and vague reasons provided by the ALJ  
28 are insufficient for giving less weight to any of Dr. Gabbur’s Opinions. See

1 McAllister, 888 F.2d at 602. Defendant suggests that the ALJ might have been  
2 able to reject Dr. Gabbur’s Task Limitations on other grounds. (Defendant’s  
3 Motion at 9-10). However, the ALJ did not do so in the Post-Remand Decision  
4 and this Court may not affirm the ALJ’s non-disability determination on the  
5 additional grounds the defendant proffers. See Garrison, 759 F.3d at 1010  
6 (citation omitted).

7 Third, the ALJ also rejected Dr. Gabbur’s Task Limitations purportedly  
8 because they were “not supported by . . . the opinions of Dr. Ochitill and Dr.  
9 Tashjian. . . .” (AR 296). The mere fact that the opinions of the state agency  
10 reviewing doctors in some manner conflicted with Dr. Gabbur’s Task Limitations,  
11 however, is not a specific or legitimate reason for rejecting any portion of Dr.  
12 Gabbur’s Opinions. See Garrison, 759 F.3d at 1012 (citations omitted); cf. e.g.,  
13 Brewer v. Astrue, 2013 WL 140241, \*2 (C.D. Cal. Jan. 9, 2013) (“[T]he  
14 contradiction of a treating physician’s opinion by another physician’s opinion  
15 triggers rather than satisfies the requirement of stating ‘specific, legitimate  
16 reasons.’”) (citations omitted).

17 Even so, the opinions provided by Drs. Ochitill and Tashjian do not  
18 constitute substantial evidence for rejecting of Dr. Gabbur’s Task Limitations. For  
19 example, the state agency reviewing doctors provided their opinions very shortly  
20 after Dr. Gabbur did (*i.e.*, on November 8, 2011 and February 6, 2012) and  
21 apparently relied almost entirely on the same objective findings as Dr. Gabbur  
22 (*i.e.*, other medical evidence of record that Dr. Gabbur may also have reviewed as  
23 well as the results of Dr. Gabbur’s own examination of plaintiff). (AR 61-62, 64-  
24 66, 74-78, 246); see Tonapetyan v. Halter, 242 F.3d 1144, 1149 (9th Cir. 2001)  
25 (contrary opinion of non-examining medical expert may be “substantial evidence”  
26 supporting an ALJ’s decision only to the extent it is consistent with other  
27 *independent* medical evidence) (citation omitted); cf. Orn, 495 F.3d at 632 (“When  
28 an examining physician relies on the same clinical findings as a treating physician,

1 but differs only in his or her conclusions, the conclusions of the examining  
2 physician are not ‘substantial evidence.’”). Indeed, the Social Security Disability  
3 Determination records suggest that plaintiff’s claim could not adequately be  
4 evaluated without a psychiatric consultative examination like Dr. Gabbur’s. (See,  
5 e.g., AR 61, 74 [Disability Determination Explanation at Initial and  
6 Reconsideration levels noting need for consultative examination(s) because “[t]he  
7 evidence as a whole, both medical and non-medical, [was] not sufficient to support  
8 a decision on the claim” and “[s]pecialized medical evidence . . . [was] not  
9 available from the [plaintiff’s] treating or other medical sources.”]).

10 Moreover, even if, for the sake of argument, the ALJ properly gave the most  
11 weight to the opinions regarding plaintiff’s mental limitations provided by Drs.  
12 Ochitill and Tashjian, the Post-Remand Decision still failed properly to account  
13 for those opinions. As the Post-Remand Decision noted, Drs. Ochitill and  
14 Tashjian opined, in pertinent part, that plaintiff had the residual functional  
15 capacity to “understand, remember, and carry out simple and some detailed tasks.”  
16 (AR 65, 77-78, 296). The ALJ’s residual functional capacity assessment for  
17 plaintiff, however, did not include any restriction on the skill level of work  
18 plaintiff could perform. The ALJ did limit plaintiff to “low stress” jobs. (AR  
19 292). Such restriction, however, did not necessarily account for the limitations in  
20 plaintiff’s ability to complete job tasks of any particular complexity. Cf., e.g.,  
21 Social Security Ruling 85-15, 1985 WL 56857, \*5-\*6 (“skill level” of work “not  
22 necessarily related to” a claimant’s ability to handle stress in the workplace). The  
23 ALJ also limited plaintiff to work involving SVP levels of five or less. (AR 292).  
24 Nonetheless, a job’s degree of simplicity is addressed by General Educational  
25 Development (“GED”) reasoning development rating, not the level of SVP. See,  
26 e.g., Meissl v. Barnhart, 403 F. Supp. 2d 981, 983 (C.D. Cal. 2005) (“SVP ratings  
27 speak to the issue of the level of vocational preparation necessary to perform the

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1 job, not directly to the issue of a job’s simplicity. . . .”) (citation and quotation  
2 marks omitted).

3 Finally, the Court cannot confidently conclude that the ALJ’s errors were  
4 harmless. For example, as noted above, Dr. Gabbur opined, in part, that plaintiff’s  
5 “ability to follow simple . . . instructions” was “moderately limited.” (AR 249).  
6 At the Post-Remand Hearing, the vocational expert testified that there would be no  
7 jobs available if a hypothetical individual like plaintiff had a 10 to 15 percent  
8 reduction in the ability to follow simple oral and written instructions. (AR 334).  
9 Moreover, the Dictionary of Occupational Titles (“DOT”)<sup>3</sup> reflects that each of the  
10 representative occupations the ALJ identified at step five requires Level 3  
11 reasoning development – a level of complexity which appears to exceed the  
12 abilities of a claimant who can understand, remember, and carry out only “some  
13 detailed tasks” – as Drs. Ochitill and Tashjian found for plaintiff. See DOT  
14 § 237.367-038 [“Receptionist”], DOT § 237.367-010 [“Appointment Clerk”];  
15 DOT § 209.562-010 [“Clerk, General”]. In light of the foregoing, the Court  
16 cannot confidently conclude that the failure properly to consider Dr. Gabbur’s  
17 Task Limitations was inconsequential to the ALJ’s nondisability determination at  
18 step five.

19 Accordingly, a remand is required, at a minimum, so the ALJ can reevaluate  
20 the medical opinion evidence regarding plaintiff’s mental impairments.

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26 <sup>3</sup>The DOT is the Social Security Administration’s “primary source of reliable job  
27 information’ regarding jobs that exist in the national economy.” Zavalin v. Colvin, 778 F.3d  
28 842, 845-46 (9th Cir. 2015) (citing Terry v. Sullivan, 903 F.2d 1273, 1276 (9th Cir. 1990)); see  
also 20 C.F.R. §§ 404.1566(d)(1), 404.1569.

1 **V. CONCLUSION<sup>4</sup>**

2 For the foregoing reasons, the decision of the Commissioner of Social  
3 Security is reversed in part, and this matter is remanded for further administrative  
4 action consistent with this Opinion.<sup>5</sup>

5 LET JUDGMENT BE ENTERED ACCORDINGLY.

6 DATED: April 4, 2017

7 /s/

8 Honorable Jacqueline Chooljian  
9 UNITED STATES MAGISTRATE JUDGE

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23 <sup>4</sup>The Court need not, and has not adjudicated plaintiff’s other challenges to the ALJ’s  
24 decision, except insofar as to determine that a reversal and remand for immediate payment of  
benefits would not be appropriate.

25 <sup>5</sup>When a court reverses an administrative determination, “the proper course, except in rare  
26 circumstances, is to remand to the agency for additional investigation or explanation.”  
27 Immigration & Naturalization Service v. Ventura, 537 U.S. 12, 16 (2002) (citations and  
28 quotations omitted). Remand is proper where, as here, “additional proceedings can remedy  
defects in the original administrative proceeding. . . .” Garrison, 759 F.3d at 1019 (citation and  
internal quotation marks omitted).