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

Case No. 5:16-CV-01996 (VEB)

GREGORIA NAVARRO VEGA,

Plaintiff,

vs.

NANCY BERRYHILL, Acting
Commissioner of Social Security,

Defendant.

DECISION AND ORDER

I. INTRODUCTION

In July of 2013, Plaintiff Gregoria Navarro Vega applied for Supplemental Security Income benefits under the Social Security Act. The Commissioner of Social Security denied the application.¹

¹ On January 23, 2017, Nancy Berryhill took office as Acting Social Security Commissioner. The Clerk of the Court is directed to substitute Acting Commissioner Berryhill as the named defendant in this matter pursuant to Rule 25(d)(1) of the Federal Rules of Civil Procedure.

1 Plaintiff, by and through her attorney, William M. Kuntz, Esq. commenced
2 this action seeking judicial review of the Commissioner’s denial of benefits pursuant
3 to 42 U.S.C. §§ 405 (g) and 1383 (c)(3).

4 The parties consented to the jurisdiction of a United States Magistrate Judge.
5 (Docket No. 11, 12, 21, 22). On May 1, 2017, this case was referred to the
6 undersigned pursuant to General Order 05-07. (Docket No. 20).

7 8 **II. BACKGROUND**

9 Plaintiff applied for SSI benefits on July 1, 2013, alleging disability beginning
10 December 31, 2006, primarily due to a lower back condition. (T at 150).² The
11 application was denied initially and on reconsideration. Plaintiff requested a hearing
12 before an Administrative Law Judge (“ALJ”).

13 On February 5, 2015, a hearing was held before ALJ Michael D. Radensky. (T
14 at 24). Plaintiff appeared with her attorney and testified with the assistance of an
15 interpreter. (T at 27-38). The ALJ also received testimony from Alan Ey, a
16 vocational expert. (T at 39-41).

17 On April 17, 2015, the ALJ issued a written decision denying the application
18 for benefits. (T at 23-43). The ALJ’s decision became the Commissioner’s final

19 ² Citations to (“T”) refer to the administrative record at Docket No. 17.

1 decision on August 3, 2016, when the Appeals Council denied Plaintiff’s request for
2 review. (T at 1-4).

3 On September 19, 2016, Plaintiff, acting by and through her counsel, filed this
4 action seeking judicial review of the Commissioner’s denial of benefits. (Docket No.
5 1). The Commissioner interposed an Answer on February 1, 2017. (Docket No. 16).
6 The parties filed a Joint Stipulation on April 20, 2017. (Docket No. 19).

7 After reviewing the pleadings, Joint Stipulation, and administrative record,
8 this Court finds that the Commissioner’s decision must be affirmed and this case be
9 dismissed.

10 III. DISCUSSION

11 A. Sequential Evaluation Process

12 The Social Security Act (“the Act”) defines disability as the “inability to
13 engage in any substantial gainful activity by reason of any medically determinable
14 physical or mental impairment which can be expected to result in death or which has
15 lasted or can be expected to last for a continuous period of not less than twelve
16 months.” 42 U.S.C. §§ 423(d)(1)(A), 1382c(a)(3)(A). The Act also provides that a
17 claimant shall be determined to be under a disability only if any impairments are of
18 such severity that he or she is not only unable to do previous work but cannot,
19 considering his or her age, education and work experiences, engage in any other

1 substantial work which exists in the national economy. 42 U.S.C. §§ 423(d)(2)(A),
2 1382c(a)(3)(B). Thus, the definition of disability consists of both medical and
3 vocational components. *Edlund v. Massanari*, 253 F.3d 1152, 1156 (9th Cir. 2001).

4 The Commissioner has established a five-step sequential evaluation process
5 for determining whether a person is disabled. 20 C.F.R. §§ 404.1520, 416.920. Step
6 one determines if the person is engaged in substantial gainful activities. If so,
7 benefits are denied. 20 C.F.R. §§ 404.1520(a)(4)(i), 416.920(a)(4)(i). If not, the
8 decision maker proceeds to step two, which determines whether the claimant has a
9 medically severe impairment or combination of impairments. 20 C.F.R. §§
10 404.1520(a)(4)(ii), 416.920(a)(4)(ii).

11 If the claimant does not have a severe impairment or combination of
12 impairments, the disability claim is denied. If the impairment is severe, the
13 evaluation proceeds to the third step, which compares the claimant's impairment(s)
14 with a number of listed impairments acknowledged by the Commissioner to be so
15 severe as to preclude substantial gainful activity. 20 C.F.R. §§ 404.1520(a)(4)(iii),
16 416.920(a)(4)(iii); 20 C.F.R. § 404 Subpt. P App. 1. If the impairment meets or
17 equals one of the listed impairments, the claimant is conclusively presumed to be
18 disabled. If the impairment is not one conclusively presumed to be disabling, the
19 evaluation proceeds to the fourth step, which determines whether the impairment

1 prevents the claimant from performing work which was performed in the past. If the
2 claimant is able to perform previous work, he or she is deemed not disabled. 20
3 C.F.R. §§ 404.1520(a)(4)(iv), 416.920(a)(4)(iv). At this step, the claimant’s residual
4 functional capacity (RFC) is considered. If the claimant cannot perform past relevant
5 work, the fifth and final step in the process determines whether he or she is able to
6 perform other work in the national economy in view of his or her residual functional
7 capacity, age, education, and past work experience. 20 C.F.R. §§ 404.1520(a)(4)(v),
8 416.920(a)(4)(v); *Bowen v. Yuckert*, 482 U.S. 137 (1987).

9 The initial burden of proof rests upon the claimant to establish a *prima facie*
10 case of entitlement to disability benefits. *Rhinehart v. Finch*, 438 F.2d 920, 921 (9th
11 Cir. 1971); *Meanel v. Apfel*, 172 F.3d 1111, 1113 (9th Cir. 1999). The initial burden
12 is met once the claimant establishes that a mental or physical impairment prevents
13 the performance of previous work. The burden then shifts, at step five, to the
14 Commissioner to show that (1) plaintiff can perform other substantial gainful
15 activity and (2) a “significant number of jobs exist in the national economy” that the
16 claimant can perform. *Kail v. Heckler*, 722 F.2d 1496, 1498 (9th Cir. 1984).

17 **B. Standard of Review**

18 Congress has provided a limited scope of judicial review of a Commissioner’s
19 decision. 42 U.S.C. § 405(g). A Court must uphold a Commissioner’s decision,
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1 made through an ALJ, when the determination is not based on legal error and is
2 supported by substantial evidence. *See Jones v. Heckler*, 760 F.2d 993, 995 (9th Cir.
3 1985); *Tackett v. Apfel*, 180 F.3d 1094, 1097 (9th Cir. 1999).

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

17 It is the role of the Commissioner, not this Court, to resolve conflicts in
18 evidence. *Richardson*, 402 U.S. at 400. If evidence supports more than one rational
19 interpretation, the Court may not substitute its judgment for that of the

1 Commissioner. *Tackett*, 180 F.3d at 1097; *Allen v. Heckler*, 749 F.2d 577, 579 (9th
2 Cir. 1984). Nevertheless, a decision supported by substantial evidence will still be
3 set aside if the proper legal standards were not applied in weighing the evidence and
4 making the decision. *Browner v. Secretary of Health and Human Services*, 839 F.2d
5 432, 433 (9th Cir. 1987). Thus, if there is substantial evidence to support the
6 administrative findings, or if there is conflicting evidence that will support a finding
7 of either disability or non-disability, the finding of the Commissioner is conclusive.
8 *Sprague v. Bowen*, 812 F.2d 1226, 1229-30 (9th Cir. 1987).

9 **C. Commissioner’s Decision**

10 The ALJ determined that Plaintiff had not engaged in substantial gainful
11 activity since June 24, 2013, the application date. (T at 13). The ALJ found that
12 Plaintiff’s degenerative disc disease of the back and history of right knee impairment
13 were “severe” impairments under the Act. (Tr. 13).

14 However, the ALJ concluded that Plaintiff did not have an impairment or
15 combination of impairments that met or medically equaled one of the impairments
16 set forth in the Listings. (T at 14).

17 The ALJ determined that Plaintiff retained the residual functional capacity
18 (“RFC”) to perform a range of light work, as defined in 20 CFR § 416.967 (b), with
19 the following limitations: standing and walking no more than 2 hours in an 8-hour
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1 workday; only occasional postural activities; no work on ladders, ropes, or scaffolds;
2 only occasional operation of foot pedals or controls with the right lower extremity;
3 no unprotected heights or dangerous machinery. (T at 14).

4 The ALJ noted that Plaintiff had no past relevant work. (T at 16). Considering
5 Plaintiff's age (40 years old on the application date), education (limited), work
6 experience (no past relevant work), and residual functional capacity, the ALJ found
7 that jobs exist in significant numbers in the national economy that Plaintiff can
8 perform. (T at 16).

9 Accordingly, the ALJ determined that Plaintiff was not disabled within the
10 meaning of the Social Security Act between June 24, 2013 (the application date) and
11 April 17, 2015 (the date of the decision) and was therefore not entitled to benefits.
12 (T at 17-18). As noted above, the ALJ's decision became the Commissioner's final
13 decision when the Appeals Council denied Plaintiff's request for review. (T at 1-4).

14 **D. Disputed Issues**

15 As set forth in the Joint Stipulation (Docket No. 19, at p. 4), Plaintiff offers
16 two (2) main arguments in support of her claim that the Commissioner's decision
17 should be reversed. First, Plaintiff argues that the ALJ's consideration of the
18 medical opinion evidence was flawed. Second, she challenges the ALJ's credibility
19 determination. This Court will address both arguments in turn.

1 IV. ANALYSIS

2 A. Medical Opinion Evidence

3 In disability proceedings, a treating physician’s opinion carries more weight
4 than an examining physician’s opinion, and an examining physician’s opinion is
5 given more weight than that of a non-examining physician. *Benecke v. Barnhart*,
6 379 F.3d 587, 592 (9th Cir. 2004); *Lester v. Chater*, 81 F.3d 821, 830 (9th Cir.
7 1995). If the treating or examining physician’s opinions are not contradicted, they
8 can be rejected only with clear and convincing reasons. *Lester*, 81 F.3d at 830. If
9 contradicted, the opinion can only be rejected for “specific” and “legitimate” reasons
10 that are supported by substantial evidence in the record. *Andrews v. Shalala*, 53 F.3d
11 1035, 1043 (9th Cir. 1995).

12 An ALJ satisfies the “substantial evidence” requirement by “setting out a
13 detailed and thorough summary of the facts and conflicting clinical evidence, stating
14 his interpretation thereof, and making findings.” *Garrison v. Colvin*, 759 F.3d 995,
15 1012 (9th Cir. 2014)(quoting *Reddick v. Chater*, 157 F.3d 715, 725 (9th Cir. 1998)).
16 “The ALJ must do more than state conclusions. He must set forth his own
17 interpretations and explain why they, rather than the doctors’, are correct.” *Id.*

18 In July of 2013, Plaintiff’s treating physician, Dr. Gurvinder Uppal, completed
19 a physical capacities assessment. Dr. Uppal opined that Plaintiff could stand/walk

1 for 0-2 hours in an 8-hour workday, sit for 0-2 hours in an 8-hour workday, and
2 would be limited in terms of her ability to engage it repetitive movements with her
3 feet (such as foot controls). (T at 289). Dr. Uppal stated that Plaintiff could lift/carry
4 no weight, could never climb/balance/stoop/kneel/crouch/crawl, and was
5 “temporarily totally disabled.” (T at 289). Dr. Uppal noted that Plaintiff’s pain
6 medication “may cause drowsiness.” (T at 290).

7 In January of 2015, Dr. Purnima Thakran, Plaintiff’s treating neurologist,
8 completed a physical capacities assessment. Dr. Thakran opined that Plaintiff could
9 stand/walk for 0-2 hours in an 8-hour workday, sit for 0-2 hours in an 8-hour
10 workday, and would be limited in terms of her ability to engage it repetitive motions
11 because of moderate to severe neuropathic pain. (T at 429). Dr. Thakran assessed
12 restrictions with regard to environmental factors due to Plaintiff’s cluster headaches.
13 (T at 429). Dr. Thakran opined that Plaintiff could occasionally lift/carry 10 pounds,
14 but could never climb/balance/stoop/kneel/crouch/crawl, and was limited to
15 occasional reaching overhead. (T at 430). Dr. Thakran described Plaintiff as
16 suffering from “failed back syndrome.” (T at 430).

17 The ALJ assigned little weight to the treating physicians’ opinions. (T at 15-
18 16). For the following reasons, this Court finds the ALJ’s decision consistent with
19 applicable law and supported by substantial evidence.

1 First, both treating physician’ opinions were “checklist” forms with no
2 meaningful explanation, supporting detail, or reference to objective findings. The
3 ALJ is not obliged to accept a treating source opinion that is “brief, conclusory and
4 inadequately supported by clinical findings.” *Lingenfelter v. Astrue*, 504 F.3d 1028,
5 1044-45 (9th Cir. 2007) (citing *Thomas v. Barnhart*, 278 F.3d 947, 957 (9th Cir.
6 2002)).

7 Second, the ALJ reasonably concluded that the opinions were contradicted by
8 the contemporaneous treatment records. (T at 16). For example, on examination,
9 Plaintiff was noted to have full strength in her lower extremities and grossly normal
10 knee and lower back range of motion. (T at 279-80, 285). She was observed to walk
11 with normal gait, station, and posture and without the need for an assistive device.
12 (T at 440, 444, 448, 452, 456, 459, 463, 467, 470). Plaintiff was noted to have
13 normal muscle bulk and function, with intact strength, sensation, reflex and
14 coordination in her upper and lower extremities. (T at 395, 439, 444, 448, 452, 456,
15 459, 463, 467, 470). She was consistently described as alert and oriented, with
16 normal neurologic findings. (T at 395, 398, 401, 407, 410, 431, 434, 439-40, 447-48,
17 455-56, 462-63, 470). *See Bayliss v. Barnhart*, 427 F.3d 1211, 1216 (9th Cir.
18 2005)(finding that “discrepancy” between treatment notes and opinion was “a clear
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1 and convincing reason for not relying on the doctor's opinion regarding” the
2 claimant’s limitations).

3 Third, the ALJ reasonably found that Plaintiff’s activities of daily living
4 (which included reading, driving, watching television, cooking, cleaning, and
5 attending social functions) were inconsistent with the severe limitations assessed by
6 the treating physicians. (T at 15). *See Morgan v. Comm'r of Soc. Sec. Admin.*, 169
7 F.3d 595, 600-02 (9th Cir. 1999) (finding inconsistency between treating physician’s
8 opinion and claimant’s daily activities a specific and legitimate reason to discount
9 treating physician’s opinion).

10 Fourth, the ALJ relied on the assessments of two non-examining State Agency
11 review physicians, Dr. R. Rose and Dr. A. Lizarraras. (T at 15, 49-52, 59). In
12 October of 2013, Dr. Rose reviewed the record and opined that Plaintiff could
13 occasionally lift 20 pounds, frequently lift 10 pounds, stand/walk for about 6 hours
14 in an 8-hour workday, and sit for about 6 hours in an 8-hour workday. (T at 49). Dr.
15 Rose concluded that Plaintiff was limited to occasional climbing of
16 ramps/stairs/ladders/ropes/scaffolds, balancing, stooping, kneeling, crouching, or
17 crawling. (T at 50). Dr. Lizarraras reviewed the record in January of 2014, and
18 reaffirmed Dr. Rose’s findings. (T at 59). State Agency review physicians are
19 highly qualified experts and their opinions, if supported by other record evidence,

1 may constitute substantial evidence sufficient to support a decision to discount a
2 treating physician's opinion. *See Saelee v. Chater*, 94 F.3d 520, 522 (9th Cir. 1996);
3 *see also* 20 CFR § 404.1527 (f)(2)(i) ("State agency medical and psychological
4 consultants and other program physicians, psychologists, and other medical
5 specialists are highly qualified physicians, psychologists, and other medical
6 specialists who are also experts in Social Security disability evaluation.").

7 Plaintiff argues that the ALJ should have weighed the evidence differently and
8 resolved the conflict in favor of the treating physicians' opinions. However, it is the
9 role of the Commissioner, not this Court, to resolve conflicts in evidence.
10 *Magallanes v. Bowen*, 881 F.2d 747, 751 (9th Cir. 1989); *Richardson*, 402 U.S. at
11 400. If the evidence supports more than one rational interpretation, this Court may
12 not substitute its judgment for that of the Commissioner. *Allen v. Heckler*, 749 F.2d
13 577, 579 (9th 1984). If there is substantial evidence to support the administrative
14 findings, or if there is conflicting evidence that will support a finding of either
15 disability or nondisability, the Commissioner's finding is conclusive. *Sprague v.*
16 *Bowen*, 812 F.2d 1226, 1229-30 (9th Cir. 1987). Here, the ALJ's decision was
17 supported by substantial evidence and must therefore be sustained. *See Tackett v.*
18 *Apfel*, 180 F.3d 1094, 1098 (9th Cir. 1999)(holding that if evidence reasonably

1 supports the Commissioner’s decision, the reviewing court must uphold the decision
2 and may not substitute its own judgment).

3 **B. Credibility**

4 A claimant’s subjective complaints concerning his or her limitations are an
5 important part of a disability claim. *Batson v. Comm’r of Soc. Sec. Admin.*, 359 F.3d
6 1190, 1195 (9th Cir. 2004)(citation omitted). The ALJ’s findings with regard to the
7 claimant’s credibility must be supported by specific cogent reasons. *Rashad v.*
8 *Sullivan*, 903 F.2d 1229, 1231 (9th Cir. 1990). Absent affirmative evidence of
9 malingering, the ALJ’s reasons for rejecting the claimant’s testimony must be “clear
10 and convincing.” *Lester v. Chater*, 81 F.3d 821, 834 (9th Cir. 1995). “General
11 findings are insufficient: rather the ALJ must identify what testimony is not credible
12 and what evidence undermines the claimant’s complaints.” *Lester*, 81 F.3d at 834;
13 *Dodrill v. Shalala*, 12 F.3d 915, 918 (9th Cir. 1993).

14 However, subjective symptomatology by itself cannot be the basis for a
15 finding of disability. A claimant must present medical evidence or findings that the
16 existence of an underlying condition could reasonably be expected to produce the
17 symptomatology alleged. See 42 U.S.C. §§423(d)(5)(A), 1382c (a)(3)(A); 20 C.F.R.
18 § 404.1529(b), 416.929; SSR 96-7p.

19 In this case, Plaintiff testified as follows:

1 She can speak some English in conversation and can read in English. (T at
2 27). Her ability to write in English is limited by poor spelling. (T at 27-28). Other
3 than a three-month period of very limited employment, Plaintiff has never worked or
4 sought work. (T at 28). She is 42 years old. (T at 29). She completed one year of
5 high school. (T at 29). At the hearing, Plaintiff experienced pain in her back and
6 knees. (T at 30). She suffers from Lyme disease. (T at 30). Back pain is constant.
7 (T at 30-31). Pain medication provides some relief. (T at 31). The pain is
8 exacerbated by walking, driving, and sitting. (T at 31). She has twice had back
9 surgery, with no relief of her pain. (T at 31). She cannot lift heavy items, bend over,
10 or perform “heavy duties” at home. (T at 31). She has had one surgery on her right
11 knee, with another surgery on that knee anticipated. (T at 32). She wears a knee and
12 back brace. (T at 32-33). She uses a cane and sometimes a walker. (T at 33). Her
13 three children help with housework and grocery shopping. (T at 33-34).

14 Standing is limited to 15 minutes at a time. (T at 34). She cannot kneel or
15 bend. (T at 34-35). She has good days and bad days. (T at 35). She lays down for 1
16 to 2 hours each day for pain relief. (T at 35). She does not believe she could not sit
17 or stand for an 8-hour workday. (T at 36). Elbow and wrist pain make writing and
18 fine motor tasks difficult. (T at 36-37). Her pain causes difficulties sleeping. (T at
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1 36). She has trouble carrying objects. (T at 37). She does some cooking, cleaning,
2 and driving. (T at 38).

3 The ALJ concluded that Plaintiff's medically determinable impairments could
4 reasonably be expected to cause the alleged symptoms, but that her statements
5 regarding the intensity, persistence, and limiting effects of the symptoms were not
6 fully credible. (T at 15).

7 For the reasons that follow, this Court finds the ALJ's decision consistent with
8 applicable law and supported by substantial evidence.

9 As discussed above, substantial medical evidence, including the
10 contemporaneous treatment notes, objective findings, and State Agency review
11 physician assessments supported the ALJ's RFC determination and contradicted
12 Plaintiff's claims of disabling impairments. Although lack of supporting medical
13 evidence cannot form the sole basis for discounting pain testimony, it is a factor the
14 ALJ may consider when analyzing credibility. *Burch v. Barnhart*, 400 F.3d 676, 680
15 (9th Cir. 2005). In other words, an ALJ may properly discount subjective complaints
16 where, as here, they are contradicted by medical records. *Carmickle v. Comm'r of*
17 *Soc. Sec. Admin.*, 533 F.3d 1155, 1161 (9th Cir. 2008); *Thomas v. Barnhart*, 278 F.3d
18 947, 958-59 (9th Cir. 2002).

1 The ALJ also found that Plaintiff made inconsistent statements, which
2 detracted from her credibility. For example, although Plaintiff claimed to be under
3 constant, disabling pain, the record indicated that she could attend medical
4 appointments, perform household chores, attend to grocery shopping with assistance,
5 drive, and attend functions outside of her home. (T at 15). When assessing a
6 claimant’s credibility, the ALJ may employ “ordinary techniques of credibility
7 evaluation.” *Turner v. Comm’r of Soc. Sec.*, 613 F.3d 1217, 1224 n.3 (9th Cir.
8 2010)(quoting *Smolen v. Chater*, 80 F.3d 1273, 1284 (9th Cir. 1996)). Activities of
9 daily living are a relevant consideration in assessing a claimant’s credibility. *See*
10 *Rollins v. Massanari*, 261 F.3d 853, 857 (9th Cir. 2001). Although the claimant does
11 not need to “vegetate in a dark room” to be considered disabled, *Cooper v. Brown*,
12 815 F.2d 557, 561 (9th Cir. 1987), the ALJ may discount a claimant’s testimony to
13 the extent his or her activities of daily living “contradict claims of a totally
14 debilitating impairment.” *Molina v. Astrue*, 674 F.3d 1104, 1112-13 (9th Cir. 2011).

15 Lastly, the ALJ noted that Plaintiff has never worked or sought employment,
16 which raised a question as to whether her current unemployment was actually the
17 result of her medical impairments. (T at 15). *See* 20 C.F.R. § 404.1529(c)(3) (“We
18 will consider all of the evidence presented, including information about your prior
19 work record ...”); *cf also Bruton v. Massanari*, 268 F.3d 824, 828 (9th Cir.

1 2001)(finding that ALJ properly discounted claimant’s credibility based on evidence
2 that he stopped working for reasons other than the alleged impairments).

3 For the reasons outlined above, this Court finds no reversible error with regard
4 to the ALJ’s credibility determination. *See Tommasetti v. Astrue*, 533 F.3d 1035,
5 1039 (9th Cir. 2008)(“If the ALJ’s credibility finding is supported by substantial
6 evidence, the court may not engage in second-guessing.”).

7 **V. CONCLUSION**

8 After carefully reviewing the administrative record, this Court finds
9 substantial evidence supports the Commissioner’s decision, including the objective
10 medical evidence and supported medical opinions. It is clear that the ALJ thoroughly
11 examined the record, afforded appropriate weight to the medical evidence, including
12 the assessments of the treating and examining medical providers and medical
13 experts, and afforded the subjective claims of symptoms and limitations an
14 appropriate weight when rendering a decision that Plaintiff is not disabled. This
15 Court finds no reversible error and because substantial evidence supports the
16 Commissioner’s decision, the Commissioner is GRANTED summary judgment and
17 that Plaintiff’s motion for judgment summary judgment is DENIED.

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2 **VI. ORDERS**

3 IT IS THEREFORE ORDERED that:

4 Judgment be entered AFFIRMING the Commissioner's decision and
5 DISMISSING this action, and it is further ORDERED that

6 The Clerk of the Court file this Decision and Order and serve copies upon
7 counsel for the parties.

8 DATED this 20th day of December 2017,

9 /s/Victor E. Bianchini
10 VICTOR E. BIANCHINI
UNITED STATES MAGISTRATE JUDGE