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

JAMES SPROWLS,)	NO. EDCV 17-499-KS
Plaintiff,)	
v.)	MEMORANDUM OPINION AND ORDER
)	
NANCY A. BERRYHILL, Acting)	
Commissioner of Social Security,)	
Defendant.)	
_____)	

INTRODUCTION

James Sprowls (“Plaintiff”) filed a Complaint on March 16, 2017, seeking review of the denial of his application for a period of disability, disability insurance (“DI”), and supplemental security income (“SSI”). On April 19, 2017, the parties consented, pursuant to 28 U.S.C. § 636(c), to proceed before the undersigned United States Magistrate Judge. (Dkt. Nos. 11-13.) On May 31, 2018, the parties filed a Joint Stipulation (“Joint Stip.”). (Dkt. No 30.) Plaintiff seeks an order reversing the Commissioner’s decision and ordering the payment of benefits or, in the alternative, remanding for further proceedings. (Joint Stip. at 17.) The Commissioner requests that the ALJ’s decision be affirmed or, in the alternative,

1 remanded for further proceedings. (*See id.* at 18.) The Court has taken the matter under
2 submission without oral argument.

3 4 **SUMMARY OF ADMINISTRATIVE PROCEEDINGS**

5
6 On October 18, 2013, Plaintiff, who was born on May 17, 1969, protectively filed
7 applications for a period of disability, DIB, and SSI.¹ (*See* Administrative Record (“AR”)
8 160, 168.) Plaintiff alleged disability commencing May 31, 2013 due to: congestive heart
9 failure; back problems; and “hearing.” (*Id.* 211.) Plaintiff previously worked in construction
10 as a drywall applicator (DOT 842.684-014). (*Id.* 21, 212.) After the Commissioner denied
11 Plaintiff’s applications initially and on reconsideration, Plaintiff requested a hearing (*see id.*
12 116-17). Administrative Law Judge Michael D. Radensky (“ALJ”) held a hearing on July
13 15, 2015 (*id.* 28-56). Plaintiff, who was represented by counsel, testified before the ALJ as
14 did vocational expert (“VE”) David Reinhart. (*Id.*) On August 11, 2015, the ALJ issued an
15 unfavorable decision, denying Plaintiff’s applications. (*Id.* 14-23.) On January 18, 2017, the
16 Appeals Council denied Plaintiff’s request for review. (*Id.* 1-7.)

17 18 **SUMMARY OF ADMINISTRATIVE DECISION**

19
20 The ALJ found that Plaintiff met the insured status requirements of the Social Security
21 Act through December 31, 2014. (AR 16.) The ALJ further found that Plaintiff had not
22 engaged in substantial gainful activity since his May 31, 2013 alleged onset date. (AR 16.)
23 The ALJ determined that Plaintiff had the following severe impairments: degenerative disc
24 disease of the neck and back; obesity; diabetes mellitus; history of congestive heart failure;
25 and a history of methamphetamine abuse. (AR 16.) The ALJ concluded that plaintiff did not
26 have an impairment or combination of impairments that met or medically equaled the

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¹ Plaintiff was 44 years old on the application date and thus met the agency’s definition of a younger person. *See*
20 C.F.R. §§ 404.1563(c), 416.963(c).

1 severity of any impairments listed in 20 C.F.R. part 404, subpart P, appendix 1 (20 C.F.R. §§
2 404.1520(d), 404.1525, 404.1526, 416.920(d), 416.925, 416.926). (AR 16-17.) The ALJ
3 determined that Plaintiff had the residual functional capacity (“RFC”) to perform light work
4 except as follows: “he can occasionally perform postural activities; no ladders, scaffolds, or
5 ropes; and no unprotected heights or dangerous machinery.” (AR 17.) The ALJ found that
6 Plaintiff was unable to perform his past relevant work as a drywall applicator (DOT 842.684-
7 014). (AR 21.) However, the ALJ determined that there are other jobs that exist in
8 significant numbers in the national economy that Plaintiff could perform, citing the
9 representative occupations of usher (DOT 344.677-014), garment sorter (DOT 222.687-014),
10 and assembler, small products (DOT 706.684-022). (AR 21-22.) Accordingly, the ALJ
11 determined that Plaintiff had not been under a disability, as defined in the Social Security
12 Act, from the alleged onset date through the date of the ALJ’s decision. (AR 22.)

13 14 **STANDARD OF REVIEW**

15
16 Under 42 U.S.C. § 405(g), this Court reviews the Commissioner’s decision to
17 determine whether it is free from legal error and supported by substantial evidence in the
18 record as a whole. *Orn v. Astrue*, 495 F.3d 625, 630 (9th Cir. 2007). “Substantial evidence
19 is ‘more than a mere scintilla but less than a preponderance; it is such relevant evidence as a
20 reasonable mind might accept as adequate to support a conclusion.’” *Gutierrez v. Comm’r of*
21 *Soc. Sec.*, 740 F.3d 519, 522-23 (9th Cir. 2014) (internal citations omitted). “Even when the
22 evidence is susceptible to more than one rational interpretation, we must uphold the ALJ’s
23 findings if they are supported by inferences reasonably drawn from the record.” *Molina v.*
24 *Astrue*, 674 F.3d 1104, 1110 (9th Cir. 2012).

25
26 Although this Court cannot substitute its discretion for the Commissioner’s, the Court
27 nonetheless must review the record as a whole, “weighing both the evidence that supports
28 and the evidence that detracts from the [Commissioner’s] conclusion.” *Lingenfelter v.*

1 *Astrue*, 504 F.3d 1028, 1035 (9th Cir. 2007) (internal quotation marks and citation omitted);
2 *Desrosiers v. Sec’y of Health and Hum. Servs.*, 846 F.2d 573, 576 (9th Cir. 1988). “The ALJ
3 is responsible for determining credibility, resolving conflicts in medical testimony, and for
4 resolving ambiguities.” *Andrews v. Shalala*, 53 F.3d 1035, 1039 (9th Cir. 1995).

5
6 The Court will uphold the Commissioner’s decision when the evidence is susceptible
7 to more than one rational interpretation. *Burch v. Barnhart*, 400 F.3d 676, 679 (9th Cir.
8 2005). However, the Court may review only the reasons stated by the ALJ in his decision
9 “and may not affirm the ALJ on a ground upon which he did not rely.” *Orn*, 495 F.3d at
10 630; *see also Connett v. Barnhart*, 340 F.3d 871, 874 (9th Cir. 2003). The Court will not
11 reverse the Commissioner’s decision if it is based on harmless error, which exists if the error
12 is “‘inconsequential to the ultimate nondisability determination,’ or if despite the legal error,
13 ‘the agency’s path may reasonably be discerned.’” *Brown-Hunter v. Colvin*, 806 F.3d 487,
14 492 (9th Cir. 2015) (internal citations omitted).

15 16 DISCUSSION

17
18 The sole issue in dispute is whether the ALJ properly evaluated the credibility of
19 Plaintiff’s statements about the severity of his symptoms and limitations. (*See* Joint Stip. at
20 4.)

21 22 **I. Plaintiff’s Statements**

23 24 **A. Before the Alleged Onset Date: December 10, 2012 Adult Function Report 25 and Pain Questionnaire**

26
27 On December 10, 2012, nearly six months before the alleged onset date, Plaintiff
28 completed an Adult Function Report. (AR 190-97.) Plaintiff wrote that, from the time he

1 wakes up until going to bed, he “[Does] housework. Rest[s] a lot.” (AR 190.) He wrote
2 that he has two dogs and he waters, feeds, grooms, and plays with his dogs. (AR 191.) He
3 wrote that his conditions make it hard to put on socks, shoes, and pants and hard to wipe
4 himself after using the toilet. (AR 191.) He wrote that he prepares his own meals daily:
5 “sandwiches; soups; fruits; vegetables; salads; chicken.” (AR 192.) Plaintiff wrote that he
6 does the following household chores: he washes dishes and vacuums daily; he does
7 yardwork one time per week; and does his laundry three times per week. (AR 192.)
8 Plaintiff wrote that he sometimes needs help doing these tasks because he is too sore or stiff.
9 (AR 192.) Plaintiff wrote that he can go out by himself and drive a car. (AR 193.) Plaintiff
10 wrote that he goes fishing and shooting once or twice a year. (AR 194.) Plaintiff wrote that
11 he drops a lot of things and feels he is “losing some function in left arm.” (AR 195.) He
12 wrote that he can walk one mile before needing to rest. (AR 195.) Plaintiff wrote that he
13 uses a back brace and ankle brace “when working.” (AR 196.) Plaintiff reported that he had
14 no health insurance. (AR 197.)

15
16 On a separate pain questionnaire, Plaintiff wrote that he is always stiff and sore, he is
17 “losing some function in left arm,” and his right ankle is sometimes so sore that he limps.
18 (AR 198.) The pain in his low back sometimes makes walking very painful. (AR 198.)
19 Plaintiff reported that standing too long “irritates everything,” and, when sitting, he found it
20 hard to lift his feet up “too high.” (AR 199.) He stated that ice, heat, and rubbing made the
21 pain better. (AR 199.) At the time Plaintiff completed the questionnaire, he stated that he
22 was not taking any medications. (AR 199.)

23
24 **B. After the Alleged Onset Date: March 8, 2014 Adult Function Report**

25
26 Plaintiff completed a second Adult Function Report on March 8, 2014. (AR 226-34.)
27 In that report, Plaintiff wrote that he was “always in pain,” “sometimes ha[s] difficulty
28 walking,” his right shoulder and arm “only ha[ve] about ½ power,” his left knee “won’t bend

1 for kneeling,” and his heart condition leaves him “out of breath a lot.” (AR 226.) Plaintiff
2 wrote that during the day he mostly rests in bed on a heating pad or ice and tries to walk a
3 little for exercise. (AR 227.) Plaintiff wrote that he feeds his pets. (AR 227.) Plaintiff’s
4 sister and nephew help with other pet care activities: grooming; walking; and cleaning up
5 after the dogs. (AR 227.) Plaintiff has difficulty dressing himself, getting out of a bath, and
6 wiping himself after using the toilet. (AR 227.) Plaintiff prepares meals daily, but he wrote
7 that he does not “cook” any more and is limited to “fast, fast, prepared foods.” (AR 228.)
8 Plaintiff described his household chores as cleaning his room once a week, washing his
9 clothes twice a week, and sometimes doing the dishes. (AR 228.) He wrote that he finds
10 yard work “too physical,” although he does go outside once a day to “water stuff.” (AR
11 229.) Twice a month Plaintiff shops for groceries and toiletries. (AR 229.) Plaintiff
12 described his hobbies and interests as “watching TV, sleeping, being in pain.” (AR 230.)
13 He wrote that he could walk a block before needing a five-minute rest. (AR 231.) Plaintiff
14 reported that he was not taking any medication for his conditions but was in the process of
15 switching doctors because Arrowhead Hospital was not taking his claims seriously. (AR
16 233.)

17 18 **C. July 15, 2015 Hearing Testimony**

19
20 A year later, at the July 15, 2015 hearing, Plaintiff testified that, although he had
21 suffered from back problems all his life, the pain became “constant, daily” in May 2013.
22 (AR 35.) Plaintiff testified that the only thing that helps with his back pain is lying flat on
23 his back. (AR 36.) He testified that his back pain shoots down into his groin and right leg
24 (AR 37) and the right side of his back is constantly swollen (AR 38). He testified that he
25 also experiences “radiating pain” through his arms. (AR 38.) The pain causes him to
26 experience less grip strength in both hands and he “drop[s] stuff a lot” with his right hand.
27 (AR 38-39.) Plaintiff testified that he was prescribed Tramadol but it does not ease the pain,
28 adding “nothing seems to work as far as pain medication goes.” (AR 39.) Plaintiff also

1 testified that the Tramadol makes him feel sleepy and not very alert. (AR 50.) Plaintiff
2 testified that he takes Darvocets – two or three a day – from his mom even though he does
3 not have a prescription for them and “they seem to help better with the pain.” (AR 50, 51.)
4

5 Plaintiff testified that he could lift “less than ten pounds.” (AR 42.) Plaintiff testified
6 that as soon as he stood up, he was in constant pain. (AR 42.) He also testified that he
7 found sitting – even just for the hearing before the ALJ – “extremely painful.” (AR 43.) He
8 thought he could sit for maybe one half hour. (AR 43.) Plaintiff testified that, in an eight-
9 hour day, he spent eight hours laying down on either ice or a heating pad. (AR 43.) Plaintiff
10 testified that his back pain precludes him from using the pedals in a car. (AR 48.)
11

12 Plaintiff testified that his heart problems make him “real tired, short of breath.” (AR
13 44.) He testified that he can walk about half a block before he needs to rest because he is
14 short of breath. (AR 45.)
15

16 Plaintiff testified that he spends his days lying in bed watching TV, trying to get up
17 and walk around the house, doing what he can to help out with his nephew’s baby. (AR 48,
18 49.) He sometimes did the dishes or vacuumed but stated that he usually did not “get very
19 far” with those tasks. (AR 48.) He stated that he got bored being in bed, so, when his back
20 allowed it, he liked to walk around the neighborhood “a little bit.” (AR 48-49.) However,
21 Plaintiff testified that he can only walk around the block before needing to rest. (AR 48-49).
22 Plaintiff testified that he does not use a computer, “occasionally” cooks for himself, and
23 never does the laundry. (AR 50.) Plaintiff’s nephew cleans up after Plaintiff’s dog. (AR
24 52.)

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1 **II. Applicable Law**

2
3 An ALJ must make two findings before determining that a claimant’s pain or symptom
4 testimony is not credible. *Treichler v. Comm’r of Soc. Sec.*, 775 F.3d 1090, 1102 (9th Cir.
5 2014). “First, the ALJ must determine whether the claimant has presented objective medical
6 evidence of an underlying impairment which could reasonably be expected to produce the
7 pain or other symptoms alleged.” *Id.* (quoting *Lingenfelter*, 504 F.3d at 1036). “Second, if
8 the claimant has produced that evidence, and the ALJ has not determined that the claimant is
9 malingering, the ALJ must provide specific, clear and convincing reasons for rejecting the
10 claimant’s testimony regarding the severity of the claimant’s symptoms” and those reasons
11 must be supported by substantial evidence in the record. *Id.*; *see also Marsh v. Colvin*, 792
12 F.3d 1170, 1174 n.2 (9th Cir. 2015); *Carmickle v. Comm’r of Soc. Sec.*, 533 F.3d 1155, 1161
13 (9th Cir. 2008) (court must determine “whether the ALJ’s adverse credibility finding . . . is
14 supported by substantial evidence under the clear and convincing standard”).

15
16 With respect to the first step, a plaintiff “need not show that her impairment could
17 reasonably be expected to cause the severity of the symptom she has alleged; she need only
18 show that it could reasonably have caused *some* degree of the symptom.” *Lingenfelter v.*
19 *Astrue*, 504 F.3d 1028, 1035–36 (9th Cir. 2007) (quoting *Smolen v. Chater*, 80 F.3d 1273,
20 1282 (9th Cir. 1996)) (emphasis added). “Thus, the ALJ may not reject subjective symptom
21 testimony . . . simply because there is no showing that the impairment can reasonably
22 produce the *degree* of symptom alleged.” *Id.* (quoting *Smolen*, 80 F.3d at 1282); *see also*
23 *Reddick v. Chater*, 157 F.3d 715, 722 (1998) (“[T]he Commissioner may not discredit the
24 claimant’s testimony as to the severity of symptoms merely because they are unsupported by
25 objective medical evidence.”).

26
27 With respect to the second step, in weighing a plaintiff’s credibility, the ALJ may
28 consider many factors, including: “(1) ordinary techniques of credibility evaluation, such as

1 the claimant’s reputation for lying, prior inconsistent statements concerning the symptoms,
2 and other testimony . . . that appears less than candid; (2) unexplained or inadequately
3 explained failure to seek treatment or to follow a prescribed course of treatment; and (3) the
4 claimant’s daily activities.” *Tommasetti v. Astrue*, 533 F.3d 1035, 1039 (9th Cir. 2008).
5 However, “subjective pain testimony cannot be rejected on the *sole* ground that it is not fully
6 corroborated by objective medical evidence.” *Rollins v. Massanari*, 261 F.3d 853, 857 (9th
7 Cir. 2001) (emphasis added) (citation omitted).

8
9 **III. ALJ’s Decision**

10
11 The ALJ reviewed both of Plaintiff’s function reports and his 2012 pain questionnaire
12 in addition to his testimony. (AR 18.) The ALJ found that Plaintiff’s medically
13 determinable impairments “could *not* reasonably be expected to cause the alleged
14 symptoms.” (AR 19) (emphasis added). However, the ALJ offered no explanation for this
15 assessment. The ALJ also found that Plaintiff’s allegations of severe and debilitating
16 symptomatology were less than fully credible because: the treatment Plaintiff received was
17 conservative; Plaintiff admitted engaging in a “somewhat normal level of daily activity” and
18 performing activities that required physical capabilities that “replicate those necessary for
19 obtaining and maintaining employment”; and, lastly, the objective findings were minimal,
20 with the medical evidence failing to support the degree of symptoms and limitations alleged.
21 (AR 18.)

22
23 **IV. Analysis**

24
25 **A. Conservative Treatment**

26
27 The ALJ’s first reason for discrediting Plaintiff’s testimony is that Plaintiff received
28 conservative treatment. (AR 18.) Evidence that a severe impairment is effectively managed

1 with conservative treatment is sufficient to discount a claimant’s testimony regarding the
2 severity of that impairment. *See Tommasetti*, 533 F.3d at 1039-40; *Parra v. Astrue*, 481 F.3d
3 742, 751 (9th Cir. 2007). However, substantial evidence in the record does not support the
4 ALJ’s characterization of Plaintiff’s treatment as conservative. To the contrary, the record
5 shows that, in addition to over-the-counter medications and physical therapy, Plaintiff was
6 prescribed a highly addictive narcotic, Tramadol (AR 328), and received three epidural
7 steroid injections (AR 434, 452, 470). “This Court has previously found that spinal epidural
8 injections are *not* ‘conservative’ treatment.” *Hydat Yang v. Colvin*, No. CV 14-2138-PLA,
9 2015 WL 248056, at *6 (C.D. Cal. Jan. 20, 2015) (emphasis added) (citing, *inter alia*,
10 *Harvey v. Colvin*, No. CV 13-5376-PLA, 2014 WL 3845088, at *9 (C.D. Cal. Aug.5,
11 2014)); *see also Tommasetti*, 533 F.3d at 1039-40 (describing treatment solely consisting of
12 anti-inflammatory medication, a TENS unit, physical therapy, and a lumbosacral corset as
13 conservative). Accordingly, the ALJ erred in characterizing Plaintiff’s treatment regimen as
14 “conservative” and discrediting his statements about the severity of his symptoms and
15 limitations on that basis.

16 17 **B. Activities of Daily Living**

18
19 The ALJ also erred in citing Plaintiff’s activities of daily living as a basis for
20 discrediting his statements about the severity of his symptoms and limitations. The ALJ
21 found that Plaintiff “engaged in a somewhat normal level of daily activity and interaction.
22 The physical and mental capabilities requisite to performing many of the tasks described . . .
23 replicated those necessary for obtaining and maintaining employment.” (AR 18.) A
24 claimant’s daily activities bear on his credibility only if the level of activity is inconsistent
25 with his claimed limitations. *See Reddick*, 157 F.3d at 722. Thus, an ALJ may rely on a
26 plaintiff’s daily activities to support an adverse credibility determination only when those
27 activities either: “contradict [the plaintiff’s] other testimony”; or “meet the threshold for
28 transferable work skills” – that is, where the plaintiff “is able to spend a substantial part of

1 his or her day performing household chores or other activities that are transferable to a work
2 setting.” *Orn*, 495 F.3d at 639; *Smolen*, 80 F.3d at 1284 n. 7. The ALJ does not find, and
3 the record would not support, that Plaintiff’s self-reported activities of daily living either
4 contradict his statements about the severity of his symptoms or demonstrate that Plaintiff can
5 spend a substantial part of his day performing activities that are transferable to a work
6 setting. (*See generally* AR 18.) Furthermore, the findings that the ALJ does make regarding
7 Plaintiff’s activities of daily living, *i.e.*, that Plaintiff engages in a “somewhat normal level
8 of daily activity” and performs tasks that require the same physical capabilities necessary for
9 obtaining and maintaining employment, are not supported by substantial evidence.

10
11 According to Plaintiff’s statements about his condition after the alleged onset date,
12 Plaintiff spends most of the day resting in bed. (AR 43, 227.) On a daily basis, Plaintiff
13 feeds his dog (*see* AR 227) and goes outside to “water stuff” (AR 229). Plaintiff does not
14 perform any other pet-care activity (AR 227) nor does he perform any other household
15 chores on a regular daily basis (*see* AR 48-50, 228). Plaintiff has difficulty dressing himself,
16 getting out of a bath, and wiping himself after using the toilet. (AR 227.) Plaintiff no longer
17 cooks and is limited to preparing “fast, fast, prepared foods.” (AR 228.) Plaintiff tries to
18 walk but can only walk around the block before needing to rest. (AR 48-49, 226-27, 231.)
19 This very limited activity defies characterization as “somewhat normal” and does not
20 demonstrate that Plaintiff retains the physical capabilities necessary to obtain and maintain
21 employment. Accordingly, the ALJ erred in citing Plaintiff’s activities of daily living as a
22 basis for discrediting Plaintiff’s statements about the severity of his symptoms and
23 limitations.

24
25 **C. Objective Medical Evidence**

26
27 The Court finds no error with the ALJ’s determination that the objective findings were
28 minimal and did not support the degree of symptoms and limitations alleged. The examining

1 physician, Robin Alleyne, M.D., a board certified internist, examined Plaintiff on February
2 14, 2013 and observed that Plaintiff's gait and balance were normal (AR 276), Plaintiff
3 showed no vertebral, paravertebral, or costovertebral angle tenderness, there was no
4 evidence of muscle spasm in Plaintiff's back, and Plaintiff's range of motion in his back was
5 grossly normal (AR 277). Plaintiff exhibited no pain on motion in any extremity. (AR 277.)
6 Plaintiff's range of motion in his shoulders, hips, knees, and ankles was within normal
7 limits. (AR 277.) Dr. Alleyne concluded that Plaintiff's back, shoulder, leg, feet, and ankle
8 examinations were all "unremarkable." (AR 278.) Dr. Alleyne assessed no functional or
9 environmental limitations. (AR 278.)

10
11 Tam Huyn, M.D., examined Plaintiff at the Arrowhead Regional Medical Center on
12 June 12, 2013, less than two weeks after the alleged onset date. (AR 297-98.) Plaintiff
13 complained that he "cannot do anything or get any jobs because of his back pain." (AR
14 297.) However, Dr. Huyn's examination of Plaintiff's back was, like Dr. Alleyne's,
15 "unremarkable." (AR 298.)

16
17 X-rays of Plaintiff's lumbar and thoracic spine taken on April 7, 2014 showed only
18 mild degenerative changes. (AR 336, 337.) An x-ray of Plaintiff's cervical spine taken on
19 April 7, 2014 showed mild cervical spine spondylosis, no vertebral body height loss or
20 spondylolisthesis, and Plaintiff's paravertebral soft tissues were unremarkable. (AR 338.) A
21 CT scan of Plaintiff's back, performed on October 6, 2014, revealed moderate disc space
22 narrowing, endplate changes, and dessication at C5-6 but all other changes to Plaintiff's
23 spine were described as mild or minimal. (AR 334-35.)

24
25 There are a few records from Jack H. Akmakjian, M.D., who began treating Plaintiff
26 for his back pain in August 2014. (See AR 327-31.) Dr. Akmakjian performed a physical
27 examination on August 25, 2014 and reported that Plaintiff experienced pain, muscle spasm,
28

1 and a limited range of motion in his cervical and lumbar spine. (AR 331.) There are no
2 other objective findings in Dr. Akmakjian's notes. (*See generally* AR 327-31.)
3

4 Although the ALJ rightly concluded that the objective evidence did not support
5 Plaintiff's statements about the severity of his symptoms and functional limitations,
6 Plaintiff's "subjective pain testimony cannot be rejected on the *sole* ground that it is not fully
7 corroborated by objective medical evidence." *Rollins*, 261 F.3d at 857. Accordingly, the
8 ALJ failed to provide legally sufficient reasons supported by substantial evidence in the
9 record to support his adverse credibility determination, and the matter must be remanded.
10

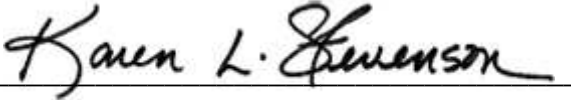
11 CONCLUSION
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13 For the reasons stated above, IT IS ORDERED that the decision of the Commissioner
14 is REVERSED, and this case is REMANDED for further proceedings consistent with this
15 Memorandum Opinion and Order.
16

17 IT IS FURTHER ORDERED that the Clerk of the Court shall serve copies of this
18 Memorandum Opinion and Order and the Judgment on counsel for plaintiff and for
19 defendant.
20

21 LET JUDGMENT BE ENTERED ACCORDINGLY
22

23 DATE: August 6, 2018
24

25 
26 KAREN L. STEVENSON
27 UNITED STATES MAGISTRATE JUDGE
28