

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

SAMUEL E.,¹

Plaintiff,

v.

ANDREW M. SAUL,
Commissioner of Social Security,²

Defendant.

Case No. 5:18-cv-02609-AFM

**MEMORANDUM OPINION AND
ORDER AFFIRMING DECISION
OF THE COMMISSIONER**

Plaintiff filed this action seeking review of the Commissioner's final decision denying his applications for disability insurance benefits and supplemental security income. In accordance with the Court's case management order, the parties have filed memorandum briefs addressing the merits of the disputed issues. The matter is now ready for decision.

¹ Plaintiff's name has been partially redacted in accordance with Federal Rule of Civil Procedure 5.2(c)(2)(B) and the recommendation of the Committee on Court Administration and Case Management of the Judicial Conference of the United States.

² Pursuant to Rule 25(d) of the Federal Rules of Civil Procedure, Andrew M. Saul, Commissioner of the Social Security Administration, is substituted as the proper defendant in this action. *See* Fed. R. Civ. P. 25(d).

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20

BACKGROUND

In October 2013, Plaintiff applied for disability insurance benefits and supplemental security income, alleging disability beginning September 24, 2012. Plaintiff's applications were denied initially and upon reconsideration. (Administrative Record ["AR"] 139-143, 150-154.) A hearing took place on April 8, 2015 before an Administrative Law Judge ("ALJ"). Plaintiff, who was represented by counsel, and a vocational expert ("VE") testified at the hearing. (AR 64-94.)

In a decision dated May 29, 2015, the ALJ found that Plaintiff suffered from the severe impairments of cervical degenerative disc disease and hypertension. (AR 54.)

The ALJ determined that Plaintiff's residual functional capacity ("RFC") included the ability to perform a range of medium work as follows: Plaintiff can lift and/or carry 50 pounds occasionally and up to 25 pounds frequently; can stand and/or walk for at least six hours in an eight-hour workday; can sit for at least six hours in an eight-hour workday; can frequently climb, balance, kneel, crouch, or crawl; and is limited to occasional use of ladders, ropes, and scaffolds. (AR 55.) Relying on the testimony of the VE, the ALJ concluded that Plaintiff could perform his past relevant work. Accordingly, the ALJ concluded that Plaintiff was not disabled. (AR 58-59.)

The Appeals Council subsequently denied Plaintiff's request for review (AR 43-48), rendering the ALJ's decision the final decision of the Commissioner.

DISPUTED ISSUES³

1. Whether the ALJ properly assessed Plaintiff's RFC.
2. Whether the ALJ properly rejected Plaintiff's subjective complaints.

STANDARD OF REVIEW

Under 42 U.S.C. § 405(g), this Court reviews the Commissioner's decision to determine whether the Commissioner's findings are supported by substantial evidence and whether the proper legal standards were applied. *See Treichler v.*

27
28

³ As discussed below, the legal basis for Plaintiff's claims are difficult to discern. The Court has liberally construed Plaintiff's allegations to raise the following issues.

1 *Comm’r of Soc. Sec. Admin.*, 775 F.3d 1090, 1098 (9th Cir. 2014). Substantial
2 evidence means “more than a mere scintilla” but less than a preponderance. *See*
3 *Richardson v. Perales*, 402 U.S. 389, 401 (1971); *Lingenfelter v. Astrue*, 504 F.3d
4 1028, 1035 (9th Cir. 2007). Substantial evidence is “such relevant evidence as a
5 reasonable mind might accept as adequate to support a conclusion.” *Richardson*, 402
6 U.S. at 401. This Court must review the record as a whole, weighing both the
7 evidence that supports and the evidence that detracts from the Commissioner’s
8 conclusion. *Lingenfelter*, 504 F.3d at 1035. Where evidence is susceptible of more
9 than one rational interpretation, the Commissioner’s decision must be upheld. *See*
10 *Orn v. Astrue*, 495 F.3d 625, 630 (9th Cir. 2007).

11 **DISCUSSION**

12 **I. Medical Record**

13 Plaintiff alleged disability due to neck pain resulting from a neck injury he
14 sustained in September 2012. (AR 260.) The ALJ summarized the relevant medical
15 record, stating that the “objective diagnostic records revealed a moderate
16 musculoskeletal pathology at most.” (AR 56.) The ALJ discussed the MRI studies of
17 Plaintiff’s cervical spine, which showed a mild-to-moderate degenerative disc
18 disease. The ALJ observed that the most significant finding was severe right neural
19 foraminal stenosis at C6-C7. However, the studies revealed no impingement of the
20 spinal cord at any level. (AR 56-57, citing AR 538, 539-542.) The ALJ also noted a
21 positive EMG/NCS study of Plaintiff’s right upper extremity, which was consistent
22 with right C7 radiculopathy, and indicated mild, asymptomatic, neuropathy at the
23 wrist. (AR 57, citing AR 324.) Physical examinations in 2013 revealed mild positive
24 findings of tenderness to palpation at the right lumbar paraspinal musculature and
25 spasm, but no neurological deficits. (AR 57, citing AR 328, 333.)

26 In January 2014, Plaintiff underwent a consultative orthopedic examination by
27 Herman Schoene, M.D. Dr. Schoene reviewed MRIs of Plaintiff’s cervical spine and
28 performed a physical examination. He reported Plaintiff’s blood pressure was

1 elevated to 160/90. Plaintiff's posture and gait were normal, and he ambulated
2 without difficulty and without the use of an assistive device. Plaintiff's neck range of
3 motion was mildly diminished with a positive Spurling test. Plaintiff exhibited
4 normal range of motion in his shoulders as well as his upper and lower extremities.
5 Plaintiff retained full motor strength. Plaintiff's sensation was intact throughout.
6 X-ray imaging performed on that date showed anterior osteophyte formation and
7 narrowed disc spaces at C5-C6 and C6-C7. In Dr. Schoene's opinion, Plaintiff could
8 perform a full range of medium work with no postural restrictions. (AR 418-422.)

9 The ALJ observed that treatment notes in 2014 indicate that Plaintiff remained
10 on narcotic pain medication for his neck pain. He noted the absence of evidence
11 suggesting that Plaintiff had been referred for surgery or for epidural steroid
12 injections. (AR 57, citing AR 573-580.) Instead, Plaintiff reported that his medication
13 was effective in relieving his pain. (AR 57, citing AR 322.)

14 The ALJ discussed the opinions of the State agency medical consultants,
15 observing that they were generally consistent with Dr. Schoene's opinion. (AR 57-
16 58, citing AR 95-105, 106-115.) Unlike Dr. Schoene, however, the State agency
17 medical consultants precluded Plaintiff from more than occasional use of the upper
18 extremities for pushing and pulling and limited Plaintiff to frequent postural activities
19 and occasional use of ladders, ropes and scaffolds. (AR 58.) The ALJ found
20 Dr. Schoene's opinion failed to fully account for Plaintiff's subjective complaints of
21 pain. On the other hand, the ALJ found the State agency consultants' limitations on
22 the upper extremities were overly restrictive considering Plaintiff's activities of daily
23 living, intact neurological examinations, and lack of significant treatment for his
24 alleged symptoms. (AR 58.) Consequently, the ALJ assessed the RFC outlined
25 above.⁴

26
27 ⁴ Even liberally construed, Plaintiff's allegations do not challenge the ALJ's assignment of weight
28 to the medical opinions. Moreover, the Court's review supports the conclusion that the ALJ did not
commit error in rejecting portions of these non-examining physicians' opinions. *See Sousa v.*

1 With regard to Plaintiff’s elevated blood pressure, the ALJ noted that there was
2 no evidence of any end organ damage, history of stroke, cardiovascular disease, or
3 functional limitations related to Plaintiff’s blood pressure. (AR 57, citing AR 573-
4 580, 581-587.) Thus, the ALJ concluded the condition “should be amenable to proper
5 control by adherence to recommended medical management and medication
6 compliance.” (AR 57.)

7 **II. The ALJ’s RFC Assessment**

8 To begin, the Court notes the legal and factual bases for Plaintiff’s arguments
9 are difficult to discern. Many of Plaintiff’s allegations do not directly address the
10 ALJ’s decision. For example, Plaintiff complains that he began losing his teeth in
11 2007 after eating his lunch, which he believes had been “tampered with.” (ECF No.
12 18 at 2.) Plaintiff points out that his dentist diagnosed Plaintiff with chronic
13 periodontal disease, a condition Plaintiff also blames on the toxin in his lunch in
14 2007. He submits dental records in support of this assertion. (ECF No. 18 at 2-3, 11.)
15 Plaintiff contends that he requires an order to have his “skeletal tissue” examined by
16 a toxicologist in order to find the root cause of his illness. (ECF No. 18 at 5-6.)
17 Plaintiff alleges that doctors at Kaiser Permanente are biased and have minimized the
18 severity of his condition and further alleges that the medical records have been
19 altered. (ECF No. 18 at 7-10; ECF No. 23 at 2-3.) In addition, Plaintiff states that a
20 week after the hearing he was diagnosed with a condition that leads to dizziness and
21 tinnitus which are “enough disabling illnesses to qualify [him] for social security
22 disability benefits....” (ECF No. 18 at 2-3.)

23 Such allegations are not within the scope of this Court’s review. Rather, the
24 Court has jurisdiction to review the final decision of the Commissioner, and that
25 review is limited to the administrative record. *See Harman v. Apfel*, 211 F.3d 1172,
26 1177 (9th Cir. 2000) (“judicial review in cases under the Social Security Act is

27 _____
28 *Callahan*, 143 F.3d 1240, 1244 (9th Cir. 1998) (ALJ “may reject the opinion of a non-examining
physician by reference to specific evidence in the medical record”).

1 limited to a review of the administrative record for a determination of whether the
2 Commissioner's decision is supported by substantial evidence in the record.");
3 *London v. Colvin*, 2014 WL 12557986, at *7 (C.D. Cal. Dec. 29, 2014) (the Court
4 lacks jurisdiction to reverse the Commissioner's decision based on evidence that is
5 not part of the administrative record).

6 Liberally construing Plaintiff's allegations as a challenge of the ALJ's RFC
7 assessment, such a challenge lacks merit.

8 The ALJ is responsible for determining a claimant's RFC after considering "all
9 of the relevant medical and other evidence" in the record, including all medical
10 opinion evidence. 20 C.F.R. §§ 404.1545(a)(3), 404.1546(c), 416.945(a)(3),
11 416.946(c). Here, the ALJ considered all of the medical evidence submitted by
12 Plaintiff as well as the medical opinions. The ALJ concluded that the objective
13 clinical evidence – namely, MRI studies, x-rays, and physical examination findings
14 – revealed a relatively mild cervical impairment. (AR 56-57.)

15 The ALJ's conclusion is supported by substantial evidence. For example, the
16 record includes a December 2008 MRI showing mild foraminal narrowing but no
17 significant stenosis. (AR 445.) An August 2012 x-ray indicated straightening of the
18 cervical lordosis with degenerative changes at C6-C7. (AR 409-410.) Similarly, a
19 September 2012 MRI revealed moderate degenerative process, with only mild
20 foraminal stenosis. (AR 485-486.) A December 2013 MRI reported mild to moderate
21 degenerative disc and facet disease of the cervical spine. (AR 411-412.) A January
22 2014 MRI revealed severe right foraminal stenosis at C6-C7 (AR 438), another MRI
23 in August 2014 showed only mild to moderate stenosis. (AR 706-708.) In December
24 2014, Vikas Mehta, M.D., performed a neurosurgical consultation. Dr. Mehta
25 reviewed the MRIs and performed a physical examination. He concluded that
26 Plaintiff had mild to moderate stenosis, but found no evidence of spinal cord injury
27 and noted the neurological exam was intact. Dr. Mehta did not recommend surgical
28 intervention. (AR 884-889.) The ALJ also accurately characterized Plaintiff's 2013

1 treatment for his neck impairment. The treatment notes confirm minimal findings on
2 examination for which Plaintiff was prescribed medication and advised to apply a
3 heating pad. (*See, e.g.*, AR 324-325, 326-328, 332-334, 343-345, 348-350, 358-360,
4 364-365, 375-377, 381-383, 427-429.) Likewise, Plaintiff’s medical records from
5 2014 and 2015 reveal mild positive findings – i.e., a mild reduction in cervical range
6 of motion and tenderness. (AR 420, 603-604, 640-641, 888, 1032-1033, 1093, 1141,
7 1278, 1287, 1382, 1450, 1497.)

8 At most, Plaintiff’s argument amounts to a disagreement as to how the
9 evidence should be interpreted. However, so long as the ALJ’s interpretation of the
10 record is rational and supported by substantial evidence, which it is here, the Court
11 may not disturb it. *See Lewis v. Astrue*, 498 F.3d 909, 911 (9th Cir. 2007) (“[I]f
12 evidence is susceptible of more than one rational interpretation, the decision of the
13 ALJ must be upheld”); *see generally Biestek v. Berryhill*, 139 S. Ct. 1149, 1154
14 (2019) (observing that in the social security context, the threshold for “substantial
15 evidence” is “not high”).

16 Among Plaintiff’s allegations is a complaint that the ALJ failed to discuss a
17 treatment note that mentions joint pain. (ECF No. 18 at 9, citing AR 872.) An ALJ,
18 however, is not required to discuss every piece of evidence in the record. *See Hiler*
19 *v. Astrue*, 687 F.3d 1208, 1212 (9th Cir. 2012) (“[t]he ALJ is not required to discuss
20 evidence that is neither significant nor probative”); *Howard v. Barnhart*, 341 F.3d
21 1006, 1012 (9th Cir. 2003) (“the ALJ does not need to discuss every piece of
22 evidence,” and the “ALJ is not required to discuss evidence that is neither significant
23 nor probative”) (citation and quotation marks omitted). The record cited by Plaintiff
24 is dated November 18, 2014, and includes the following notation: “Musculoskeletal:
25 Positive for myalgias, back pain and joint pain.” (AR 283.) Plaintiff does not point
26 to any other medical evidence suggesting that his joint pain resulted in any additional
27 functional limitations. Given the lack of probative value, the ALJ did not err by
28 failing to address this evidence. *See generally Matthews v. Shalala*, 10 F.3d 678, 680

1 (9th Cir. 1993) (“The mere existence of an impairment is insufficient proof of a
2 disability.”).

3 For the foregoing reasons, the ALJ’s RFC assessment must be affirmed. *See*
4 *Bayliss v. Barnhart*, 427 F.3d 1211, 1217 (9th Cir. 2005) (“We will affirm the ALJ’s
5 determination of Bayliss’s RFC if the ALJ applied the proper legal standard and his
6 decision is supported by substantial evidence.”).

7 **III. The ALJ’s credibility determination**

8 Plaintiff appears to challenge the ALJ’s credibility determination. (*See* ECF
9 No. 18 at 9-10.) For the following reasons, such a challenge lacks merit.

10 **A. Plaintiff’s Testimony**

11 Plaintiff alleged that he is unable to work due to neck pain resulting from an
12 injury he sustained at work in September 2012. (AR 72, 260.) He testified that he had
13 difficulty moving his neck and that the pain radiated to his arm and waist. (AR 73.)
14 According to Plaintiff, as a result of his neck injury, he could lift only about three or
15 four pounds with his right arm and up to 15 pounds with his left. Plaintiff opined that
16 he could stand or walk for two hours at a time before needing to sit down and rest.
17 He did not have difficulty sitting for prolonged periods. (AR 81-82.) Plaintiff also
18 complained of dizziness and trouble walking due to hip pain. (AR 77, 80-81.)

19 Plaintiff testified that his treatment consisted of morphine for pain and heating
20 pads. He explained that he had attended physical therapy, but never received epidural
21 injections or other invasive treatment. (AR 73-75, 84-85.)

22 With regard to his daily activities, Plaintiff testified that he lives in a
23 condominium with his wife, who is disabled. (AR 70.) Plaintiff’s wife has a live-in
24 aide who does the housework, goes to the market, and prepares meals for Plaintiff’s
25 wife. Plaintiff is able to take care of his own personal needs, do his own laundry, and
26 his own cooking. Plaintiff takes the bus twice a week to see his son. Otherwise,
27 Plaintiff spends most of his time laying down, watching TV and reading. (AR 77-
28 78.)

1 **B. Relevant Law**

2 Where, as here, a claimant has presented objective medical evidence of an
3 underlying impairment that could reasonably be expected to produce pain or other
4 symptoms and the ALJ has not made an affirmative finding of malingering, an ALJ
5 must provide specific, clear and convincing reasons before rejecting a claimant’s
6 testimony about the severity of his symptoms. *Trevizo v. Berryhill*, 871 F.3d 664, 678
7 (9th Cir. 2017) (citing *Garrison v. Colvin*, 759 F.3d 995, 1014-1015 (9th Cir. 2014)).
8 “General findings [regarding a claimant’s credibility] are insufficient; rather, the ALJ
9 must identify what testimony is not credible and what evidence undermines the
10 claimant’s complaints.” *Burrell v. Colvin*, 775 F.3d 1133, 1138 (9th Cir. 2014)
11 (quoting *Lester v. Chater*, 81 F.3d 821, 834) (9th Cir. 1995)). The ALJ’s findings
12 “must be sufficiently specific to allow a reviewing court to conclude the adjudicator
13 rejected the claimant’s testimony on permissible grounds and did not arbitrarily
14 discredit a claimant’s testimony regarding pain.” *Brown-Hunter v. Colvin*, 806 F.3d
15 487, 493 (9th Cir. 2015) (quoting *Bunnell v. Sullivan*, 947 F.2d 341, 345-346 (9th
16 Cir. 1991) (en banc)).

17 Factors an ALJ may consider include conflicts between the claimant’s
18 testimony and the claimant’s conduct – such as daily activities, work record, or an
19 unexplained failure to pursue or follow treatment – as well as ordinary techniques of
20 credibility evaluation, such as internal contradictions in the claimant’s statements and
21 testimony. *See Ghanim v. Colvin*, 763 F.3d 1154, 1163 (9th Cir. 2014). In addition,
22 although an ALJ may not disregard a claimant’s testimony solely because it is not
23 substantiated by objective medical evidence, the lack of medical evidence is a factor
24 that the ALJ can consider in making a credibility assessment. *Burch v. Barnhart*, 400
25 F.3d 676, 680-681 (9th Cir. 2005).

26 **C. Analysis**

27 The ALJ found Plaintiff’s subjective complaints of disabling pain and
28 limitations to be less than fully credible. The ALJ provided the following reasons for

1 that determination: (1) Plaintiff's subjective complaints were inconsistent with the
2 objective medical evidence; (2) Plaintiff's subjective complaints were undermined
3 by the absence of treating source restrictions; (3) Plaintiff's vague testimony
4 regarding his work activity since the alleged onset date diminished his credibility as
5 a whole; and (4) Plaintiff's subjective complaints were inconsistent with his daily
6 activities. (AR 56-57.)

7 1. Inconsistent with Medical Record

8 The ALJ summarized Plaintiff's subjective complaints as well as the medical
9 record before concluding that although Plaintiff's neck impairment resulted in some
10 functional limitations, the objective evidence did not support the severity of
11 Plaintiff's allegations. In particular, the ALJ noted that the objective medical records
12 indicated that Plaintiff had not suffered significant neurological or mobility deficient
13 as a result of his impairment. (AR 57.) As set forth in detail above, the objective
14 medical evidence supported the ALJ's conclusion. Thus, the ALJ properly relied
15 upon the absence of objective medical support as one factor in his decision to
16 discount Plaintiff's subjective complaints of disabling pain and limitations. *See*
17 *Batson v. Comm'r of Soc. Sec. Admin.*, 359 F.3d 1190, 1197 (9th Cir. 2004) (lack of
18 objective medical evidence to support claimant's subjective complaints constitutes
19 substantial evidence in support of an ALJ's adverse credibility determination).

20 2. Lack of Support in Treating Physician Opinion

21 The ALJ stated that, in light of Plaintiff's allegations of totally disabling
22 symptoms, it was reasonable to expect treatment notes would reflect restrictions on
23 Plaintiff's function or activity. The ALJ found it significant that no treating source
24 opined that Plaintiff's impairment caused restrictions. (AR 57.) Plaintiff does not
25 dispute the ALJ's characterization of the record, and the Court's review indicates that
26 it is accurate. Accordingly, the ALJ properly discounted Plaintiff's subjective
27 complaints of disabling limitations based upon the absence of any treating source
28 opinion supporting such limitations. *See e.g., Martin v. Berryhill*, 722 F. App'x 647,

1 649–650 (9th Cir. 2018) (ALJ properly discounted plaintiff’s credibility based upon
2 finding that no physician opinions corroborated the alleged severity of plaintiff’s
3 limitations).

4 3. Plaintiff’s Testimony Regarding Work Activity After Alleged Onset Date

5 The ALJ found that Plaintiff’s “vague testimony regarding his work activities
6 since the alleged onset date also serves to diminish his credibility as a whole.” (AR
7 57.) In particular, the ALJ noted that Plaintiff insisted that he was unable to return to
8 work due to a work-related neck injury in September 2012. However, the record
9 reflected work activity after the alleged onset date. (See AR 54, 239.) The ALJ
10 explained that although the “work activity did not constitute disqualifying substantial
11 gainful activity, it does indicate that [Plaintiff]’s level of functioning after the alleged
12 onset date had been somewhat greater than [Plaintiff] had generally reported.” (AR
13 56.)

14 An ALJ may rely upon evidence that a claimant actually worked during a
15 period of claimed disability to support an adverse credibility determination. *See Bray*
16 *v. Comm’r of Soc. Sec. Admin.*, 554 F.3d 1219, 1227 (9th Cir. 2009) (affirming ALJ’s
17 credibility determination which was based in part on fact that claimant had recently
18 performed work activity); *Greger v. Barnhart*, 464 F.3d 968, 972 (9th Cir. 2006)
19 (ALJ properly relied on evidence that claimant continued to work after his date last
20 insured). Moreover, although the ALJ may have drawn other inferences based upon
21 the evidence, it was not improper for the ALJ to discount Plaintiff’s credibility in
22 light of the evidence that he was able to complete some work activity at a time when
23 he was allegedly disabled. *See Orn*, 495 F.3d at 630 (where evidence is susceptible
24 of more than one rational interpretation, the Commissioner’s decision must be
25 upheld).

26 Furthermore, an ALJ may properly rely on a claimant’s vague testimony to
27 discount his credibility. *See generally Smolen v. Chater*, 80 F.3d 1273, 1284 (9th Cir.
28 1996) (holding that “ordinary techniques of credibility evaluation” may be employed

1 by an ALJ in assessing a claimant’s credibility).

2 While Plaintiff testified that he could not work after he injured his neck in
3 September 2012, he also testified that he worked for two weeks at a warehouse in
4 December 2012. Further, as the ALJ noted, in December 2012, Plaintiff reported to
5 his physician that his symptoms had worsened in the prior month after Plaintiff “was
6 lifting women at church who were fainting” and because he had worked for two
7 weeks at a warehouse where he “had to lift very heavy bags/boxes.” (AR 75, citing
8 AR 359.) When the ALJ asked Plaintiff about the warehouse job, Plaintiff testified
9 that it involved “just bread and flowers.” (AR 75-76.) In light of the record, the ALJ
10 properly relied upon Plaintiff’s vague testimony regarding his work activity after the
11 alleged onset date to discount his credibility. *See, e.g., Menchaca v. Colvin*, 2014 WL
12 185707, at *3 (C.D. Cal. Jan. 15, 2014) (ALJ properly relied on claimant’s vague
13 testimony to discount her credibility).

14 4. Daily Activities

15 The ALJ found that Plaintiff “remains capable of a broad range of activities of
16 daily living that is inconsistent with disabling pain.” (AR 57.) Generally, “[e]ngaging
17 in daily activities that are incompatible with the severity of symptoms alleged can
18 support an adverse credibility determination.” *Ghanim v. Colvin*, 763 F.3d 1154,
19 1165 (9th Cir. 2014)).

20 Here, Plaintiff points out that the ALJ erroneously summarized some of his
21 testimony regarding his daily activities. Notably, the ALJ stated that Plaintiff
22 “confirmed he was able to take care of his wife and do household chores at home that
23 included shopping for groceries....” (AR 56.) Contrary to the ALJ’s decision, Plaintiff
24 testified that his wife had a live-in caretaker, and the caretaker performed the grocery
25 shopping. (AR 70, 77.) Nevertheless, assuming that the ALJ erred in relying on
26 Plaintiff’s daily activities in assessing his credibility, the error was harmless in light
27 of the other legally sufficient reasons provided by the ALJ. *See Molina v. Astrue*, 674
28 F.3d 1104, 1115 (9th Cir. 2012) (where one or more reasons supporting ALJ’s

1 credibility analysis are invalid, error is harmless if ALJ provided other valid reasons
2 supported by the record); *Carmickle v. Comm'r, Soc. Sec. Admin.*, 533 F.3d 1155,
3 1162-1163 (9th Cir. 2008) (despite the invalidity of one or more of an ALJ's stated
4 reasons for discounting a claimant's credibility, the court properly may uphold the
5 ALJ's decision where the ALJ stated sufficient valid reasons).

6 **ORDER**

7 IT IS THEREFORE ORDERED that Judgment be entered affirming the
8 decision of the Commissioner and dismissing this action with prejudice.

9
10 DATED: 12/4/2019



11
12 ALEXANDER F. MacKINNON
13 UNITED STATES MAGISTRATE JUDGE
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28