

1 Having reviewed the record, administrative transcript,¹ parties' briefs, and the applicable
2 law, the Court finds as follows.

3 **I. ANALYSIS**

4 Plaintiff's arguments challenge the ALJ's formulation of the following mental RFC:
5 The claimant can understand, remember, and carry out simple instructions, make
6 commensurate work related decisions, respond appropriately to supervision, co-
7 workers, and work situations, deal with routine changes in the work setting and
8 maintain concentration, persistence, and pace for up to and including two hours at
9 a time with normal breaks throughout a normal workday, is suitable for jobs
10 requiring no interaction with the public, and can be around co-workers throughout
11 the day but can have only occasional interaction with them.

12 (AR 699).

13 A claimant's RFC is "the most [a claimant] can still do despite [his] limitations." 20
14 C.F.R. §§ 404.1545(a), 416.945(a); see also 20 C.F.R. Part 404, Subpart P, Appendix 2, §
15 200.00(c) (defining an RFC as the "maximum degree to which the individual retains the capacity
16 for sustained performance of the physical-mental requirements of jobs"). "In determining a
17 claimant's RFC, an ALJ must consider all relevant evidence in the record, including, inter alia,
18 medical records, lay evidence, and the effects of symptoms, including pain, that are reasonably
19 attributed to a medically determinable impairment." Robbins v. Soc. Sec. Admin., 466 F.3d 880,
20 883 (9th Cir. 2006) (internal quotation marks and citations omitted). In reviewing findings of fact
21 with respect to RFC assessments, this Court determines whether the decision is supported by
22 substantial evidence. 42 U.S.C. § 405(g). Substantial evidence means "more than a mere
23 scintilla," Richardson v. Perales, 402 U.S. 389, 402 (1971), but less than a preponderance.
24 Sorenson v. Weinberger, 514 F.2d 1112, 1119, n. 10 (9th Cir. 1975). It is "such relevant evidence
25 as a reasonable mind might accept as adequate to support a conclusion." Richardson, 402 U.S. at
26 401 (internal citation omitted).

27 Here, Plaintiff asserts that the mental RFC is not supported by substantial evidence
28 because the ALJ erred in his assessment of the opinions of consultative examiners Dr. Barbara
Mair, Psy.D., and Dr. G. Seward, Psy.D., and the opinion of Plaintiff's primary care physician,

¹ ECF No. 11-1 comprises the sealed Administrative Record ("AR"). When citing to the record, the Court cites to the AR's internal pagination in the lower right-hand corner of each page, rather than to the CM/ECF document number and page.

1 Dr. Daniel Willis, M.D.² The Ninth Circuit has held the following regarding the ALJ's
2 consideration of such opinions:

3 "To reject [the] uncontradicted opinion of a treating or examining doctor, an ALJ
4 must state clear and convincing reasons that are supported by substantial
5 evidence." Ryan v. Comm'r of Soc. Sec., 528 F.3d 1194, 1198 (9th Cir. 2008)
6 (alteration in original) (quoting Bayliss v. Barnhart, 427 F.3d 1211, 1216 (9th Cir.
7 2005)). "If a treating or examining doctor's opinion is contradicted by another
8 doctor's opinion, an ALJ may only reject it by providing specific and legitimate
9 reasons that are supported by substantial evidence." Id. (quoting Bayliss, 427 F.3d
10 at 1216); see also Reddick v. Chater, 157 F.3d 715, 725 (9th Cir. 1998) ("[The]
11 reasons for rejecting a treating doctor's credible opinion on disability are
12 comparable to those required for rejecting a treating doctor's medical opinion.").
13 "The ALJ can meet this burden by setting out a detailed and thorough summary of
14 the facts and conflicting clinical evidence, stating his interpretation thereof, and
15 making findings." Magallanes v. Bowen, 881 F.2d 747, 751 (9th Cir. 1989)
16 (quoting Cotton v. Bowen, 799 F.2d 1403, 1408 (9th Cir. 1986)).

17 Trevizo v. Berryhill, 871 F.3d 664, 675 (9th Cir. 2017).³

18 **A. Dr. Mair's Opinion**

19 On April 1, 2017, Dr. Mair conducted a psychological consultative examination of
20 Plaintiff and completed a MRFC assessment as to specific limitations in mental functioning. (AR
21 1037–41). Dr. Mair specifically opined that Plaintiff was mildly impaired in his abilities to
22 perform detailed and complex tasks, deal with usual stress encountered in the workplace, and
23 perform work activities on a consistent basis without special or additional instruction. (AR 1041).
24 Dr. Mair additionally opined that Plaintiff was moderately impaired in his ability to maintain
25 regular attendance and complete a normal workweek without interruptions from a psychiatric
26 condition. (Id.) Dr. Mair also found that Plaintiff was unimpaired in all remaining areas—e.g., his
27 ability to perform simple and repetitive tasks, to accept instructions from supervisors, and to
28 interact with coworkers and the public. (AR 1040–41).

The ALJ assigned great weight to Dr. Mair's opinion, discussing the opinion as follows in
his written decision:

The claimant appeared at a psychological consultative examination on April 1,

² Dr. Willis is incorrectly identified as "David Will, M.D." in the ALJ's written decision. (AR 705).

³ Because Plaintiff filed his applications for disability insurance benefits and supplemental security income on January 14, 2017 (notably, before March 27, 2017), 20 C.F.R. §§ 404.1527 and 416.927 apply in considering the weight given to the medical source opinions. For applications filed on or after March 27, 2017, 20 C.F.R. §§ 404.1520c and 416.920c apply in considering medical opinions; notably, no deference or specific evidentiary weight is given to medical opinions.

1 2017. He endorsed recent diagnoses of depression and anxiety, with the former
2 setting in after he had to stop working after his onset of vertigo. He reported
3 difficulty breathing and a fight or flight reaction during panic episodes. He said he
4 has trouble being around people and has had to leave stores when they became too
5 crowded. He stated he did not want to be around family and that there are days
6 when he does not leave his bedroom. The claimant had some difficulty during
7 memory testing and his insight into his own problems was impaired. (Ex. 11F).

8 . . .

9 Barbara Mair, Psy.D, who performed the claimant’s 2017 psychological
10 consultative examination, stated the claimant has a mild impairment in performing
11 detailed and complex tasks, perform work activities on a consistent basis, and deal
12 with usual workplace stressors and a moderate impairment in the ability to
13 maintain regular attendance and complete a normal work week. (Ex. 11F). I give
14 this opinion great weight overall. The claimant has a history of mental health
15 treatment during which he endorsed ongoing symptoms that included anxious and
16 fearful thoughts, social anxiety, a depressed mood, difficulty falling asleep,
17 difficulty staying asleep, diminished interest and pleasure, and excessive worry.
18 (Ex. 6F/55, 62, 76; Ex. 8F/12; Ex. 11F). However, he is independent in activities
19 of daily living. (Ex. 16F). Treatment records note him to be doing well with
20 medication and he refused a referral to specialized mental health services in April
21 of 2023, stating instead that he was doing well and feeling fine. (Ex. 12F/535). A
22 later psychological consultative examination found only minimal findings. (Ex.
23 16F).

24 (AR 702, 704–05).

25 Plaintiff contends that while the ALJ afforded great weight to Dr. Mair’s opinion, he
26 assessed a mental RFC that did not account for Dr. Mair’s opined moderate limitation in
27 Plaintiff’s ability “to maintain regular attendance and complete a normal workweek without
28 interruptions from a psychiatric condition.” (ECF No. 14 at 10–13 (citing AR 704–05, 1041)).
Plaintiff contends the ALJ’s failure to adopt or explain his rejection of Dr. Mair’s opined
moderate limitation constitutes reversible error. The Commissioner counters that the ALJ
sufficiently accounted for Plaintiff’s moderate limitation in maintaining regular attendance and
completing a workweek without interruption by limiting his RFC to simple, routine work with
restrictions on peer and public contact and concentration, persistence, and pace. (ECF No. 16 at
4).

Upon review, the Court agrees with Plaintiff that, having assigned great weight to Dr.
Mair’s opinion, the ALJ was required to incorporate Dr. Mair’s opined moderate limitations or
otherwise explain why the ALJ did not endorse them. The ALJ had no duty to credit Dr. Mair’s
opinion, but once the ALJ did, “the ALJ was under an obligation to account for [the moderate

1 limitations assessed] irrespective of the broader reasoning in support of the RFC.” Harrell v.
2 Kijakazi, No. 1:20-cv-00614-GSA, 2021 WL 4429416, at *4 (E.D. Cal. Sept. 27, 2021);
3 Wascovich v. Saul, 2:18-cv-659-EFB, 2019 WL 4572084, at *4 (E.D. Cal. Sept. 20, 2019) (citing
4 Betts v. Colvin, 531 F. App’x 799, 800 (9th Cir. 2013)) (“where the ALJ accepts the medical
5 assessment of moderate limitations, those limitations must be accounted for in the RFC.”);
6 Sahyoun v. Saul, No. 2:18-cv-576-EFB, 2020 WL 1492661, at *3 (E.D. Cal. Mar. 27, 2020)
7 (“Where an ALJ accords substantial or great weight to a physician’s opinion, he must either
8 incorporate their findings into the RFC or offer an explanation for why he chose not to accept
9 them.”); Morinskey v. Astrue, 458 F. App’x 640, 641 (9th Cir. 2011) (determining that reversal
10 was necessary where the ALJ assigned substantial weight to examining physician’s opinion, but
11 failed to “make findings setting forth specific, legitimate reasons for rejecting [the physician’s]
12 opinion that [the claimant’s] abilities to maintain regular attendance, to sustain an ordinary
13 routine, and to complete a normal work day or week without interruption from his bi-polar
14 disorder were moderately impaired”) (internal quotation marks omitted).

15 Insofar as the Commissioner argues that the other limitations in the RFC adequately
16 account for Dr. Mair’s opined moderate limitations in Plaintiff’s ability to maintain regular
17 attendance and complete a workweek, the Court finds the Commissioner’s argument unavailing.
18 As one court has recently noted, although there is a “split” on this issue, the caselaw “tends to
19 favor the view that a restriction to simple/routine tasks with limited public contact does not
20 account for the moderate limitations [of] . . . maintaining regular attendance[] and completing a
21 normal workweek without interruption.” Harrell, 2021 WL 4429416, at *6 (collecting cases); see
22 also Berenisia Madrigal v. Saul, No. 1:18-cv-01129-SKO, 2020 WL 58289, at *5 (E.D. Cal. Jan.
23 6, 2020) (concluding that limitation to simple, routine tasks with limited peer and public contact
24 did not account for “moderate limitations completing a normal workday or work week due to her
25 psychiatric condition, moderate difficulties dealing with stress and changes encountered in the
26 workplace, and an up to moderate likelihood that she would emotionally deteriorate in a work
27 environment”). This is because a limitation to simple and repetitive tasks addresses
28 “concentration, attention, persistence, or pace” but would not adequately account for “Plaintiff’s
ability to . . . maintain regular attendance in the workplace and perform work activities on a

1 consistent basis” Donna M. v. Saul, No. 19-cv-03134-DMR, 2020 WL 6415601, at *4 (N.D.
2 Cal. Nov. 2, 2020).

3 Similarly, the other limitations imposed in the RFC – in the areas of concentration,
4 persistence, or pace, and the ability to deal with routine changes and respond to supervision,
5 coworkers, and work situations – do not fully account for whether Plaintiff has the ability to
6 regularly attend work and complete a full day without interruptions from his mental impairments.
7 See Nanney v. Kijakazi, No. 1:21-cv-00527-HBK, 2023 WL 8242052, at *5 (E.D. Cal. Nov. 28,
8 2023) (“The Court finds the RFC limiting Plaintiff to understanding, remembering, and carrying
9 out simple instructions, maintaining concentration, persistence, and pace for 2-hour intervals,
10 occasionally interacting with coworkers and the general public, and adapting to simple workplace
11 changes, does not account for Dr. Bonilla’s findings of moderate limitations in Plaintiff’s ability
12 to complete a normal workday/work week and the likelihood of emotional deterioration.”); Lara
13 v. Saul, No. 2:19-cv-1527-EFB, 2020 WL 5603630, at *3 (E.D. Cal. Sept. 18, 2020) (“Nothing in
14 the RFC adequately accounts for Dr. Stenbeck’s limitations regarding attendance or completion
15 of a work day. To be sure, the RFC does note that plaintiff only has the capacity to ‘tolerate a low
16 level of work pressure defined as work with no multitasking or detailed job tasks,’ but this
17 limitation does not account for the plaintiff’s baseline problems with depression and coping.”).

18 Accordingly, because the ALJ failed to properly address Dr. Mair’s opinion that Plaintiff
19 is moderately limited in his ability to maintain regular attendance and complete a normal
20 workweek without interruptions from a psychiatric condition, the Court concludes that the ALJ’s
21 mental RFC assessment is not supported by substantial evidence.

22 **B. Dr. Willis’ Opinion**

23 Next, Plaintiff argues that the ALJ failed to provide specific and legitimate reasons for
24 rejecting the opinion of Plaintiff’s primary care physician, Dr. Willis. (ECF No. 14 at 15–16).
25 Although Dr. Willis issued an opinion addressing both physical and mental limitations, Plaintiff
26 only challenges the ALJ’s treatment of Dr. Willis’ opined mental limitations. The Court will
27 accordingly limit its review to the ALJ’s consideration of Dr. Willis’ opined mental limitations.

28 In his medical source statement, Dr. Willis reported that he began treating Plaintiff in
2016 for depression, anxiety, and vertigo. (AR 525). Dr. Willis noted that Plaintiff frequently

1 experienced symptoms of generalized persistent anxiety, psychomotor agitation or retardation,
2 emotional lability, sleep disturbances, oddities of thought, perception, speech or behavior, poor
3 memory, social withdrawal or isolation, difficulty thinking or concentrating, appetite disturbance
4 with weight change, and recurrent panic attacks. (AR 527). Dr. Willis opined that as a result of
5 his impairments, Plaintiff would miss five or more days of work each month, be off-task more
6 than twenty-five percent of the time, and require more than forty-five minutes of unscheduled
7 breaks during an 8-hour workday. (AR 525). With regard to specific mental functional
8 limitations, Dr. Willis opined that Plaintiff was extremely limited in his abilities to deal with
9 normal work stress, work in coordination with others, follow basic instructions, stay on task, and
10 maintain social functioning. (AR 527). Dr. Willis also opined that Plaintiff had marked
11 limitations in the areas of concentration, persistence or pace as well as reporting to work on time
12 every day. (Id.) Finally, Dr. Willis indicated that Plaintiff would experience “monthly episodes of
13 deterioration or de-compensation in work-like settings” on a continual basis. (Id.)

14 The ALJ ultimately assigned little weight to Dr. Willis’ medical source statement,
15 specifically addressing Dr. Willis’ opined mental limitations as follows:

16 I give [Dr. Willis’] opinion little weight. The claimant’s mental health treatment
17 has been routine and conservative, with no evidence of any, much less continual,
18 decompensations. The record does not document any emergency department visits
19 or inpatient admissions for mental health treatment. The two psychological
20 consultative examinations noted only mild findings. (Ex. 11F; Ex. 16F).

21 (AR 705). The two psychological consultative examinations the ALJ cited to were Dr. Mair and
22 Dr. Seward’s reports. (AR 1037–41 (Dr. Mair, Ex. 11F); AR 1771–77 (Dr. Seward, Ex. 16F)).

23 Plaintiff argues that remand is necessary because the ALJ failed to set forth specific and
24 legitimate reasons for assigning little weight to Dr. Willis’ opined mental limitations. (ECF No.
25 14 at 15–16). The Commissioner counters that the ALJ properly discounted Dr. Willis’ opinion
26 due to the lack of corroborating objective medical evidence and the opinion’s inconsistency with
27 Dr. Mair and Dr. Seward’s consultative examination findings. (ECF No. 16 at 8–9).

28 “An ALJ may properly reject a treating physician’s opinion if it is not well-supported.”
Fleenor v. Berryhill, 752 F. App’x 451, 452 (9th Cir. 2018). “However, the ALJ must evaluate the
opinion according to factors such as the length, nature, and extent of the treatment relationship;
frequency of examination; supportability; and consistency with the overall record.” Id. Here, upon

1 review, the Court agrees with Plaintiff that the ALJ’s assessment of Dr. Willis’ opined mental
2 limitations was insufficient. The first reason the ALJ gave for discounting Dr. Willis’ opined
3 mental limitations was Plaintiff’s “routine and conservative” mental health treatment. (AR 705).
4 The ALJ, however, offered no explanation as to how Plaintiff’s mental health treatment – which
5 included multiple psychotropic medications and consistent complaints of anxiety, panic attacks,
6 and depression – was conservative or routine in nature.⁴ Nor did the ALJ explain how Dr. Willis’
7 opined mental limitations were undermined by such treatment. In fact, while the ALJ addressed
8 specific treatment records at length in his evaluation of Dr. Willis’ opined physical limitations,⁵
9 he did not cite to any mental health records in his discounting of Dr. Willis’ opined mental
10 limitations. To reject an opinion as inconsistent with the medical record, the “ALJ must do more
11 than offer his conclusions.” Embrey v. Bowen, 849 F.2d 418, 421 (9th Cir. 1988). Thus, the
12 ALJ’s conclusory assertion regarding the nature of Plaintiff’s mental health treatment did not
13 constitute a specific, legitimate reason for rejecting Dr. Willis’ opined mental limitations.

14 The second reason the ALJ gave for discounting Dr. Willis’ opined mental limitations was
15 the lack of evidence of continual decompensations, emergency room treatment or psychiatric
16 hospitalization. However, the fact that Plaintiff “was not psychiatrically hospitalized does not
17 mean that he did not have a mental health impairment that prevented him from working.” Morales
18 v. Berryhill, 239 F. Supp. 3d 1211, 1216 (E.D. Cal. 2017) (holding that an ALJ’s rejection of a
19 treating psychiatrist’s opinion for lack of psychiatric hospitalization was not specific and
20 legitimate because “[a] claimant may suffer from mental health impairments that prevent him
21 from working but do not require psychiatric hospitalization.”); see also Schiaffino v. Saul, 799 F.

22 ⁴ See, e.g., AR 1096–97 (depression screening with results in the severe range); AR 630 (positive
23 depression screening); AR 1091 (anxiety, panic attacks, difficulty sleeping); AR 1101, 1106, 1375, 1386,
24 1391, 1396, 1443, 1460 (prescribed psychotropic medications hydroxyzine, buspirone, venlafaxine); AR
25 1108 (prescribed effexor for anxiety/panic disorder).

26 ⁵ The ALJ’s evaluation of Dr. Willis’ opined physical limitations cited to multiple records:

27 As for [Dr. Willis’] opinion on the claimant’s physical functioning, the claimant’s
28 treatment has been routine [and] conservative, with multiple records noting no muscle
atrophy, no weakness, no gait impairment, and no spine instability. (Ex. 9F/23, 28, 32, 36;
Ex. 12F/104, 189, 205, 275, 349, 490). They routinely noted no sensory or motor deficits.
(Ex. 12F/32, 63, 119, 204, 460). He frequently, nearly to the point of consistently,
described himself as “doing well.” (Ex. 12F/28, 83, 179, 360, 389, 477, 507). His vertigo
is generally well controlled and the treatment records note no significant complications of
his hernia or his asthma, (Ex. 9F; Ex. 17F/26, Ex. 12F). (Ex. 9F; Ex. 17F/26, Ex. 12F).

AR 705 (emphasis added).

1 App'x 473, 476 (9th Cir. 2020) (“Hospitalization is not required to show that mental health
2 conditions such as PTSD, OCD, and anxiety are disabling from employment.”). The ALJ did not
3 account for the fact that Dr. Willis, as Plaintiff’s treating primary care provider, was undoubtedly
4 aware of Plaintiff’s treatment history, including the lack of psychiatric emergency care or
5 hospitalization, when he issued his opinion assessing several extreme and marked mental
6 functional limitations. Therefore, the lack of psychiatric inpatient or emergency care was not a
7 legitimate reason, by itself, to reject Dr. Willis’ opined mental limitations.

8 Finally, the ALJ indicated that Dr. Willis’ opined mental limitations were inconsistent
9 with the “mild findings” of Dr. Mair and Dr. Seward. However, the ALJ did not set forth what he
10 meant by “mild findings” in the consultative examiners’ reports. In fact, both consultative
11 examiners assessed functional limitations that went above a mild degree of limitation—
12 specifically, Dr. Mair assessed moderate functional limitations, and Dr. Seward assessed several
13 marked and extreme limitations. Moreover, the ALJ assigned little weight to Dr. Seward’s
14 opinion, but inexplicably proceeded to rely on purported “mild findings” in Dr. Seward’s report
15 to discount Dr. Willis’ opinion. Without an explanation as to how Dr. Willis’ findings were
16 inconsistent with the findings of the consultative examiners, this was not a specific, legitimate
17 reason to reject Dr. Willis’ treating source opinion.

18 Based on the foregoing, the Court concludes that the ALJ failed to provide specific,
19 legitimate reasons supported by substantial evidence to reject Dr. Willis’ opined mental
20 limitations.

21 **C. Dr. Seward’s Opinion**

22 Lastly, Plaintiff argues that the ALJ failed to provide specific and legitimate reasons for
23 rejecting Dr. Seward’s opinion. (ECF No. 14 at 12–15).

24 On February 19, 2021, Dr. Seward conducted a psychological consultative examination of
25 Plaintiff. (AR 1771–77). Dr. Seward reviewed Plaintiff’s past medical history, performed a
26 complete psychological evaluation with a mental status examination, and administered the
27 Wechsler Adult Intelligence Scale (WAIS-IV) and Wechsler Memory Scale (WMS-IV) tests.

28 (Id.) As to Plaintiff’s performance on the WAIS-IV test, Dr. Seward observed that:

The claimant consistently scored within the Average range of intellectual
functioning compared to same-aged peers across three of the four measured

1 domains. His notable weakness was demonstrated within the PSI [processing
2 speed index] domain (Borderline), which is consistent with his report of focus and
3 concentration difficulties. The claimant’s overall estimated FSIQ [full-scale IQ]
4 score places him within the Low Average range of intellectual functioning and is
5 not indicative of an intellectual disability.

6 (AR 1775). As to Plaintiff’s WMS-IV testing results, Dr. Seward noted that:

7 Overall, the claimant’s test results indicate that the claimant demonstrates some
8 memory deficits. In particular, the claimant struggled to recall information
9 presented verbally. This is consistent with his claim of having difficulties
10 sustaining focus. In a work setting, the claimant may struggle to recall and perform
11 instructions that are presented verbally.

12 (AR 1776).

13 Based on his examination, Dr. Seward concluded that Plaintiff does not have deficits in
14 attention and concentration, but “struggles at times to sustain focus and process information.”
15 (Id.) Dr. Seward diagnosed Plaintiff with major depressive disorder and cannabis dependence,
16 and assessed mild to marked limitations in various mental work-related abilities. (AR 1776–77).
17 Specifically, Dr. Seward opined that Plaintiff was markedly limited in his ability to complete a
18 normal workday or workweek without interruptions resulting from his psychiatric condition. (AR
19 1777). Dr. Seward also opined that Plaintiff was moderately limited in several areas: maintaining
20 regular attendance in the workplace; performing work activities on a consistent basis;
21 understanding, remembering and performing complex written and oral instructions; performing
22 work activities without special or additional supervision; and dealing with usual stresses
23 encountered in a competitive work environment. (AR 1776–77). In addition, Dr. Seward opined
24 that Plaintiff was mildly limited in his ability to: understand, remember and perform simple
25 written and oral instructions; accept instructions from supervisors; and interact with coworkers
26 and the public. (Id.) Dr. Seward indicated that the above limitations were “due to functional
27 deficits associated with a mood disorder.” (AR 1776–77).

28 The ALJ assigned little weight to Dr. Seward’s opinion, discussing the opinion as follows
in his written decision:

G. Seward, Psy.D, who performed the claimant’s February 19, 2021 psychological
consultative examination, stated the claimant has marked limitations completing a
normal work day or work week without interruptions, moderate limitations
understanding, remembering, and understanding complex instructions, maintaining
attendance, performing work on a consistent basis and without special supervision,
and dealing with usual work stressors, and mild limitations understanding,

1 remembering, and performing simple instructions, accepting instruction from
2 supervisors, and interacting with co-workers and the public. (Ex. 16F). I give this
3 opinion little weight. Dr. Seward based this opinion on the claimant’s “functional
4 deficits associated with a mood disorder.” However, the claimant’s full-scale IQ
5 score of 88 during Dr. Seward’s examination placed him in the low average
6 range[.] Other than processing speed, all the claimant’s subset scores in WAIS-IV
7 were in the average range. While the claimant appeared nervous during the
8 evaluation, that nervousness did not transl[at]e into any significant functional
9 deficits, as the claimant’s mental status examination was for the most part
10 unremarkable. (Ex. 16F). The claimant’s treatment remained routine and
11 conservative, with no inpatient admissions or emergency department visits for
12 decompensations. His treatment records at Pixley consistently noted him to awake,
13 alert, and well groomed, with no indication of any significant observed
14 psychological findings. In April of 2023, the claimant explicitly declined a referral
15 to specialized mental health services, stating instead that he was doing well and
16 feeling fine. (Ex. 12F/28, 127, 251, 522, 535).

17 (AR 702–03, 705).

18 Upon review, the Court finds the ALJ provided specific, legitimate reasons for rejecting
19 Dr. Seward’s opinion. The ALJ reasonably rejected Dr. Seward’s opined functional limitations
20 where the results of Plaintiff’s subset scores in the WAIS-IV test were all in the average range,
21 save for one domain (processing speed index). The ALJ also pointed to specific evidence in the
22 record that was suggestive of adequate mental functioning such as normal mental status
23 examinations and Plaintiff’s self-reports.⁶ While Plaintiff argues that certain records could
24 support a different conclusion as to the medical evidence, this at most amounts to another
25 “rational interpretation,” meaning that “the decision of the ALJ must be upheld.” Orteza v.
26 Shalala, 50 F.3d 748, 749 (9th Cir. 1995); Thomas v. Barnhart, 278 F.3d 947, 954 (9th Cir. 2002)
27 (“Where the evidence is susceptible to more than one rational interpretation, one of which
28 supports the ALJ’s decision, the ALJ’s conclusion must be upheld.”). Finally, while the ALJ
referenced the lack of psychiatric hospitalizations, which alone would have been an insufficient
basis for assigning little weight to Dr. Seward’s opinion, the ALJ provided other specific,
legitimate reasons for discounting Dr. Seward’s opinion. Thus, the Court concludes that Plaintiff

⁶ The ALJ specifically cited to the following mental health records: AR 1071 (August 28, 2019 office visit where Plaintiff appeared “awake and alert, well groomed” and stated he was “doing well”); AR 1170, 1294, 1578 (office visits where Plaintiff appeared “awake and alert, well groomed” and no observed psychological findings were noted upon examination); AR 1565 (January 13, 2023 telephonic consultation where Plaintiff reported he was doing well, declined “services w/ Psych” and denied having suicidal or homicidal ideations).

1 has not shown error in the ALJ's treatment of Dr. Seward's opinion.

2 **II. CONCLUSION AND ORDER**

3 Accordingly, the decision of the Commissioner of the Social Security Administration is
4 REVERSED and REMANDED for further administrative proceedings consistent with this
5 decision. The Clerk is directed to enter judgment in favor of Plaintiff and against Defendant.

6 IT IS SO ORDERED.

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Dated: January 28, 2025

/s/ Eric P. Gray
UNITED STATES MAGISTRATE JUDGE