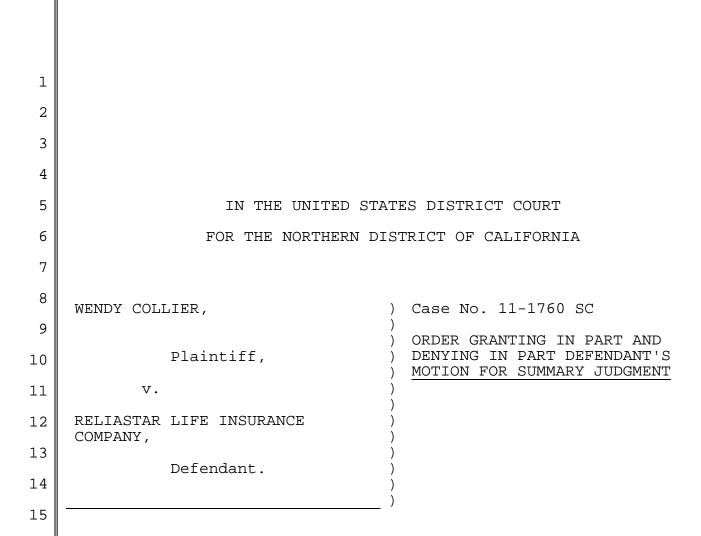
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### I. INTRODUCTION

Plaintiff Wendy Collier ("Collier") brings this action for breach of contract, bad faith, and intentional infliction of emotional distress against Defendant ReliaStar Life Insurance Company ("ReliaStar") for failure to pay long-term disability ("LTD") benefits. Collier claims that she has been rendered disabled by a combination of diseases, including Ehlers-Danlos Syndrome ("EDS") and Postural Orthostatic Tachycardic Syndrome ("POTS"), which cause her constant fatigue and extreme pain. Collier applied for LTD benefits from her former employer, Marin County, and from ReliaStar, under Marin County's group plan. Marin County denied Collier's claim based on an evidentiary hearing before an Administrative Law Judge ("ALJ"). Collier represented

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herself pro se before the ALJ because she could not afford an attorney. ReliaStar denied Collier's claim under Marin County's group plan based on medical evaluations performed by a number of physicians. Collier did not seek review of the ALJ decision but did bring the instant action against ReliaStar.

Now before the Court is ReliaStar's motion for summary judgment. ECF No. 31 ("MSJ"). The motion is fully briefed. Nos. 37 ("Opp'n"), 41 ("Reply"). Pursuant to Civil Local Rule 7-1(b), the Court finds the motion suitable for determination without oral argument. ReliaStar argues that Collier is collaterally estopped from pursuing this lawsuit because an ALJ previously determined that she is not disabled. ReliaStar also argues that Collier's tort claims for bad faith and intentional infliction of emotional distress fail because ReliaStar thoroughly investigated her claim. The Court finds that collateral estoppel should not preclude Collier from litigating the issue of her disability in the instant action because Collier lacked the financial means and physical stamina to plead her case before the ALJ. The Court also finds that the undisputed facts show that Collier cannot succeed on her claims for bad faith and intentional infliction of emotional Accordingly, the Court GRANTS in part and DENIES in part ReliaStar's motion for summary judgment.

24 II. BACKGROUND

Collier worked as an "Eligibility Worker" for Marin County from November 1991 until June 2006. ECF No. 39 ("Collier Decl.") ¶
3. During much of this time, Collier was the primary wage earner in her family and had three children to support. Id. Collier

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claims that she was unable to continue working in 2006 due to the onset of extreme fatigue and pain.  $\underline{\text{Id.}}$  ¶ 4. In October 2006, Collier's cardiologist, Dr. Karen Friday ("Friday"), diagnosed Collier with POTS.  $^1$   $\underline{\text{Id.}}$  ¶ 7. Collier was subsequently diagnosed with  $\text{EDS}^2$  by a geneticist, Kathleen Johnson ("Johnson"). Johnson told Collier that symptoms, including sprains, dislocations, and joint degeneration, could be treated as needed but would get worse over time.  $\underline{\text{Id.}}$  ¶ 8. Collier claims that rest improves her pain but there is no treatment for her fatigue.  $\underline{\text{Id.}}$ 

In February 2007, Collier submitted a claim to ReliaStar for LTD benefits. AR RS000848.<sup>3</sup> Under Collier's ReliaStar policy, she is entitled to benefits if she is totally disabled, which is

Postural orthostatic tachycardia syndrome (POTS) is one of a group of disorders that have orthostatic intolerance (OI) as their primary symptom. OI describes a condition in which an excessively reduced volume of blood returns to the heart after an individual stands up from a lying position. down The primary symptom lightheadedness or fainting. In POTS, the lightheadedness or fainting is also accompanied by a rapid increase in heartbeat of more than 30 beats per minute, or a heart rate that exceeds 120 beats per minute, within 10 minutes of rising. The faintness or lightheadedness of POTS are relieved by lying down again.

ECF No. 33 ("Bromen Aff.") Ex. A.

Ehlers-Danlos syndrome (EDS) is a group of inherited disorders that weaken connective tissues. Connective tissues are proteins that support skin, bones, blood vessels and other organs.

26 Bromen Aff. Ex. B.

<sup>1</sup> According to the National Institute of Health ("NIH"):

<sup>&</sup>lt;sup>2</sup> According to NIH:

<sup>&</sup>lt;sup>3</sup> ReliaStar's Administrative Record ("AR") is attached to the Affidavit of Mary Kay Racette, ECF No. 32, and has been bates labeled as RS00xxxx. Citations to the AR in this Order follow this format.

defined as: "the inability to perform with reasonable continuity all of the essential duties of any gainful occupation and as a result [the insured is] not working at all." AR RS000035. A "gainful occupation" is "any occupation that [the insured] could reasonably be expected to perform satisfactorily in light of [the insured's] age, education, training, experience, station in life, and physical and mental capacity." AR RS000036. After obtaining records from Friday and a number of Collier's other physicians, ReliaStar approved Collier's claim under the policy and awarded her benefits retroactively to September 12, 2006. AR RS000180.

On July 15, 2008, Collier informed ReliaStar that she had relocated to Puerto Armuelles, Panama, located approximately 330 miles west of Panama City. AR RS000178. About two weeks later, ReliaStar requested that Collier submit an updated statement from her physician concerning her condition. AR RS000179. In response, Collier submitted a statement from her primary physician, Dr. Michael Mason ("Mason"), reporting a primary diagnosis of EDS with chronic pain and an additional diagnosis of "autonomic dysfunction." AR RS001395. Mason indicated that he had not seen Collier since September 5, 2007, more than a year earlier. AR RS001395.

Due to the length of time since Mason had seen Collier,
ReliaStar requested that she provide a more recent statement from
her current treating physician. AR RS000176. In November 2008,
ReliaStar received documentation from a Dr. Higiuio Ortega
("Ortega"), Collier's Panamanian physician, indicating that Collier
had EDS, autonomic dysfunction, degenerative disease, and heart
dysfunction. AR RS001397. Ortega concluded that Collier could not

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work, but reported that she could lift up to fifty pounds,
"balance," "stoop" and "reach"; that she had abilities to use her
hands and right foot for at least some repetitive tasks; and that
she had only a slight cardiac limitation. AR RS001398. ReliaStar
subsequently requested Ortega's records, but Collier indicated that
Ortega did not keep any, explaining: "It is very old school here,
family doctor, small town." AR RS000005, 171, 175.

On February 7, 2009, ReliaStar received a report of an independent medical examination performed by Dr. James Soong ("Soong") on behalf of Marin County in connection with Collier's application for disability retirement benefits. AR RS000274. Soong concluded that Collier could perform her prior job duties for Marin County if minor modifications were offered, that she did not qualify for a diagnosis of EDS, and that there was no evidence of any disease in her joints or abnormalities in her autonomic nervous AR RS0000287-88. ReliaStar also commissioned a Labor system. Market Study indicating that seven positions existed near Collier's former residence in California that paid a gainful wage and that Collier could perform given her capabilities, as documented by Soong. AR RS000153, 166. Collier claims she never saw the Labor Market Study and complains that it contained jobs all over the Bay Area, without respect to the commute from her former home. Collier Decl. ¶ 15.

On April 8, 2009, ReliaStar informed Collier that, based on the information in Soong's independent medical examination, Ortega's reports, and the Labor Market Study, her benefits were being terminated since she did not meet the policy's definition of

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being "totally disabled" under the "any occupation standard." AR RS000146.

Collier appealed ReliaStar's decision in April 2009. AR RS000134. Beginning in May 2009, ReliaStar made numerous unsuccessful attempts to obtain additional medical records from Ortega so that it could better evaluate Collier's appeal. See AR RS000130-133. Finally, on August 6, 2009, Collier faxed to ReliaStar what she claimed to be Ortega's medical records. RS0000086-98. ReliaStar doubted the authenticity of the records because, among other things, Collier had previously indicated that such records did not exist. AR RS000616-17. The records indicated that Ortega first saw Collier in July 2008 for a "skin lesion secondary to heat and friction" and an infection. AR RS000584. Ιt was not until January 12, 2009 that Collier was seen for any condition that might be related to EDS, when she complained of lower back pain. AR RS000586. Ortega also saw Collier for pain or joint conditions in February, March, and April 2009. AR RS000588-91.

Subsequently, ReliaStar attempted to arrange for an independent medical examination in Miami, and was willing to pay Collier's expenses to attend. AR RS000576, 581. When scheduling and travel proved infeasible, ReliaStar commissioned an independent medical review of Collier's file by Dr. Asim Khan ("Khan"), a rheumatologist familiar with EDS. AR RS000549, 573. Khan opined that Collier likely did not have EDS, but that she may have a "mild form of hypermobility syndrome" related to EDS. AR RS000553-54. Khan concluded that Collier might have a "fibromyalgia-like syndrome," anxiety, fatigue, and depression, and that she had been

subjectively diagnosed with POTS. <u>Id.</u> Khan believed that Collier could "certainly" work a light or sedentary job with limited restrictions. AR RS000554-55. ReliaStar requested any records of genetic testing in Collier's file so that Khan could better evaluate Collier's EDS diagnosis. AR RS0000553, 558. Collier provided a note from Johnson diagnosing Collier with EDS, but Khan continued to believe that Collier could work a light or sedentary job. AR RS000498-99. Kahn recommended further evaluation in Panama or in the United States, if Collier chose to return. <u>Id.</u>

In December 2009, Collier's attorney, David Linden ("Linden"), informed ReliaStar that Collier had returned to the United States and was living in Napa. AR RS0000558. Subsequently, ReliaStar commissioned Dr. Scott Anderson ("Anderson") to conduct an independent medical examination of Collier and review her medical records. Like Soong and Kahn, Anderson rejected Collier's EDS diagnosis. AR RS000491-92. Instead, Anderson diagnosed Collier with obesity and concluded that she could work "8 hours a day, five days a week or something comparable to that," so long as it involved light or sedentary work. Id.

Sometime after Collier returned to the United States,
ReliaStar hired a private investigator to conduct sub rosa
surveillance. See AR RS000869. The investigator surveilled
Collier's parent's home in Napa -- where Collier was believed to be
living -- on January 8 and January 15, 2010, but did not observe
Collier on either date. AR RS000871-74. The investigator did
observe a "white female," believed to be Collier's mother, talking
with the mailperson and running an errand on January 8. AR
RS000872. For obvious reasons, this surveillance was not

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incorporated into ReliaStar's final decision on Collier's LTD claim.

On February 5, 2010, ReliaStar denied Collier's appeal. AR The denial was based on the independent medical examinations performed by Soong and Anderson, as well as Khan's review of Collier's file. AR RS000480, 82. ReliaStar also noted that Collier's own physician, Mason, had "outlined physical abilities that would fall within the light category" and stated that Collier was working part-time. AR RS000480-81. accorded little weight to Ortega's opinion since he had not treated Collier for EDS until she had determined that she needed more frequent treatment for insurance purposes. AR RS000481-82. Further, ReliaStar doubted the authenticity of many of Ortega's records, concluding that some were actually authored by Collier and others were "recreated" by Ortega. Id. Collier subsequently requested that ReliaStar reconsider its decision, submitting additional medical records from Drs. Mason, Scott E. Pinner ("Pinner"), and Kamer Tezcan ("Tezcan"), dated October 30, 2009 or AR RS000889-90, 929. ReliaStar denied Collier's request for a second appeal, noting that the newly submitted treatment records did not address the relevant period of time. AR RS000889-90.

On June 15, 2010, a contested hearing was held before an ALJ on behalf of the Marin County Employees' Retirement Association ("MCERA") concerning Collier's application for disability retirement benefits from Marin County. Bromen Aff. Ex. H. By the hearing date, Collier had been without benefits for almost a year and was living with her parents in Napa because she "could not

afford to do anything else." Collier Decl. ¶ 17. MCERA bylaws allowed Collier to be represented by counsel at the hearing, Bromen Aff. Ex. G § 1007, but Collier "could not afford to pay for representation on an hourly basis, and for financial and other reasons, [she] was refused representation by a number of attorneys," Collier Decl. ¶ 18.4 Collier represented herself at the hearing, but claims that she was unable to follow all of the proceedings due to pain and fatigue. Id. ¶¶ 18, 20. Soong, the only physician at the hearing, testified that Collier was able to perform the duties of her previous position with Marin County. Bromen Aff. Ex. H 83-143. Collier claims her own physician declined to testify at the hearing. Collier Decl. ¶ 19.

The ALJ concluded that Collier did not establish that she had EDS or POTS or "that she is substantially unable to perform the usual duties" of her previous position with Marin County. Bromen Aff. Ex. F at 4-6. On January 12, 2011, MCERA unanimously approved the ALJ's findings and denied Collier's request for disability benefits. Bromen Aff. Ex. J at 4. Collier declined to appeal.

Collier filed the instant action against ReliaStar on April 11, 2011, alleging claims for bad faith, intentional infliction of emotional distress, and breach of contract. ECF No. 1 ("Compl."). ReliaStar now moves for summary judgment on the grounds that (1) Collier is collaterally estopped from bringing this action because the underlying issues have already been litigated before an ALJ; (2) ReliaStar did not act in bad faith because there was a genuine

At the time, Collier was represented by Linden in connection with ReliaStar's denial of benefits, but Linden claimed that the administrative hearing was outside of his field. Collier Decl. ¶ 18. Linden unsuccessfully attempted to continue the hearing so that Collier could find representation. Id.

dispute regarding Collier's claim for benefits; and (3) ReliaStar is not liable for intentional infliction of emotional distress because its conduct was not extreme or outrageous. MSJ at 12-25.

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### III. LEGAL STANDARD

Entry of summary judgment is proper "if the movant shows that there is no genuine dispute as to any material fact and the movant is entitled to judgment as a matter of law." Fed. R. Civ. P. Summary judgment should be granted if the evidence would require a directed verdict for the moving party. Anderson v. Liberty Lobby, Inc., 477 U.S. 242, 251 (1986). Thus, "Rule 56[] mandates the entry of summary judgment . . . against a party who fails to make a showing sufficient to establish the existence of an element essential to that party's case, and on which that party will bear the burden of proof at trial." Celotex Corp. v. Catrett, 477 U.S. 317, 322 (1986). "The evidence of the nonmovant is to be believed, and all justifiable inferences are to be drawn in his favor. "Anderson, 477 U.S. at 255. However, "[t]he mere existence of a scintilla of evidence in support of the plaintiff's position will be insufficient; there must be evidence on which the jury could reasonably find for the plaintiff." Id. at 252. opposing parties tell two different stories, one of which is blatantly contradicted by the record, so that no reasonable jury could believe it, a court should not adopt that version of the facts for purposes of ruling on a motion for summary judgment." Scott v. Harris, 550 U.S. 372, 380 (2007).

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## IV. DISCUSSION

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## A. Collateral Estoppel

ReliaStar argues that Collier is collaterally estopped from bringing the instant action because an ALJ has already determined MSJ at 12. Collateral estoppel, also that she is not disabled. known as issue preclusion, applies where: (1) the issue to be precluded is identical to that decided in a prior proceeding; (2) the issue was actually litigated in the prior proceeding; (3) the issue was necessarily decided; (4) the decision in the prior proceeding was "final and on the merits"; and (5) the party against whom preclusion is sought is identical to or in privity with the party to the former proceeding. People v. Garcia, 39 Cal. 4th 1070, 1077 (Cal. 2006). "Collateral estoppel may be applied to decisions made by administrative agencies [w]hen an administrative agency is acting in a judicial capacity and resolves disputed issues of fact properly before it which the parties have had an adequate opportunity to litigate." People v. Sims, 32 Cal. 3d 468, 479 (Cal. 1982) (internal quotations omitted).

The Court finds that Collier is not collaterally estopped from bringing the instant action because she did not have an adequate opportunity to litigate her claims before the ALJ. At the administrative hearing, Collier was forced to represent herself pro se and she claims she was distracted by fatigue and pain throughout the proceedings. Collier Decl. ¶¶ 18-20. Further, the only physician to testify at the administrative hearing was Soong, who had been hired by Marin County. Bromen Aff Ex. F at 4. Collier claims she asked one of her physicians to testify on her behalf, but he declined. Collier Decl. ¶ 19. Collier did not know the

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procedure to arrange for his testimony and lacked the money to pay expert fees. Id. Accordingly, the Court declines to give the ALJ's decision a preclusive effect in the instant action. See West v. Ruff, 961 F.2d 1064, 1065 (2d Cir. 1992) (plaintiff "lacked a full and fair opportunity to litigate his claim" in parallel state litigation because his claims "could not be adequately presented pro se"); Davis v. Charleston, 827 F.2d 317 n.3 (8th Cir. 1987) ("[A]s a pro se litigant before the state court, we do not believe that [plaintiff] had a full and fair opportunity to litigate the issue in the prior suit." (internal quotations and citations omitted)).

ReliaStar arques that Collier's pro se status is irrelevant since, under Sims, collateral estoppel is justified so long as a party "had notice of the hearing as well as the opportunity and incentive to present its case." Reply at 5 (citing Sims, 32 Cal. Sims is inapposite. In that case, the Supreme Court 3d at 481). gave preclusive effect to an administrative hearing before the California Department of Social Services, even though Sonoma County, the party against whom collateral estoppel was asserted, had declined to present any evidence or otherwise participate at Sims, 32 Cal. 3d at 481. The court reasoned that the the hearing. County had an opportunity and incentive to present its case at the hearing, even if it declined to so. Id. However, there is no indication that Sonoma County, like Collier, lacked the means to hire an attorney or acquire pertinent evidence.

ReliaStar also argues that Collier must have had a full and fair hearing since she testified, cross-examined Soong, and entered evidence into the record. Reply at 5. The Court disagrees. The

fact that Collier acted as her own attorney does not mean that she performed adequately. For example, Collier's entire opening statement consisted of the following: "I guess I would, you know, just like to say, you know, I am hoping that the medical evidence is sufficient to support what I am saying is making me unable to work. And that's about it." Bromen Ex. H at 5. Even a brief perusal of the rest of the hearing transcript shows that Collier would have greatly benefited from competent legal representation. 5

For these reasons, the Court finds that Collier is not collaterally estopped from bringing the instant action.

# B. Collier's Bad Faith Claim

Collier's claim for bad faith, i.e., violation of the covenant of good faith and fair dealing, is predicated on ReliaStar's alleged failure to thoroughly investigate her disability claim.

See Compl. ¶¶ 6-7, Opp'n at 6-7. The undisputed facts do not support such a claim.

In the insurance context, the implied covenant of good faith and fair dealing requires an insurer to refrain from injuring its insured's right to receive the benefits of the insurance agreement.

Egan v. Mut. of Omaha Ins. Cos., 24 Cal. 3d 809, 818 (Cal. 1979).

The implied covenant imposes an obligation on insurers to "give at least as much consideration to the welfare of its insured as it

<sup>&</sup>lt;sup>5</sup> ReliaStar also challenges the credibility of Collier's assertion that she could not afford an attorney. Reply at 5 n.1. This argument lacks merit. As an initial matter, the Court cannot make credibility determinations on a summary judgment motion. Even if it could, it is entirely plausible that Collier, who had been without disability benefits for over a year and was living with her parents at the time, lacked the means to pay an attorney out-of-pocket. It is also plausible that Collier was unable to find an attorney to represent her at an administrative hearing on a contingency fee basis.

gives to its own interests" and, consequently, to "fully inquire into possible bases that might support the insured's claim." at 818-19. There is no "general rule as to how much or what type of investigation is needed to meet the insurer's obligations." Wilson v. 21st Century Ins. Co., 42 Cal. 4th 713, 723 (Cal. 2007). Instead, claims of bad faith "must be evaluated in light of the totality of the circumstances." Id. For example, in some cases, "review of the insured's submitted medical records might reveal an indisputably reasonable basis to deny the claim without further investigation."6 Id.

The Court finds that ReliaStar met its duty to investigate Collier's claim. As detailed in Section II above, ReliaStar consulted a number of physicians, including Soong, Kahn, and Anderson, before reaching a final determination on Collier's claim. Additionally, ReliaStar reviewed the records of Collier's own physicians, including Mason and Ortega, and exerted significant efforts to obtain, translate, and verify the records of Ortega. Αt one point, in an attempt to better assess her claim, ReliaStar offered to fly Collier from Panama to Miami so that it could commission an independent medical examination. Additionally, ReliaStar repeatedly asked Collier to submit additional documents

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<sup>&</sup>lt;sup>6</sup> ReliaStar contends an insurer has no further duty to investigate a claim once it has determined that there is a genuine dispute over coverage. Reply at 9. The Ninth Circuit has held as much. Brinderson-Newberg Joint Venture v. Pac. Erectors, Inc., 971 F.2d 272, 282-283 (9th Cir. 1992). However, a genuine dispute only exists "where the insurer's position is maintained in good faith and on reasonable grounds." Wilson, 42 Cal. 4th at 723. Presumably, where, as here, a factual dispute arises between the parties, some reasonable investigation is required before an insurer can maintain its position "in good faith and on reasonable grounds." An insurer may not manufacture a "genuine dispute" over a factual issue by conducting a biased or incomplete investigation.

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that might support her claim. In light of the totality of the circumstances, these efforts are sufficient to satisfy ReliaStar's duty to investigate.

Collier cites fifteen purported deficiencies in ReliaStar's handling of her claim. The Court finds that these purported deficiencies, either considered independently or taken together, are insufficient to support a claim for bad faith.

First, Collier argues that ReliaStar ignored the subjective evidence of her condition, such as chronic pain and fatigue. This claim is contradicted by the record. Each of the independent physicians who either examined Collier or reviewed her records noted and considered her subjective complaints. RS000275-76, 485-86, 552-54. Collier heavily relies on the Ninth Circuit's decision in Salomaa v. Honda Long Term Disability Plan, 642 F.3d 666 (9th Cir. 2011). In that case, the plaintiff's physicians diagnosed him with chronic fatigue syndrome, a condition without objective symptoms, and every physician who examined the plaintiff concurred that he was disabled. Salomaa, 642 F.3d at 669, 676. Such is not the case here. There is a disagreement among various physicians about the extent and existence of Collier's disability and no doctor has diagnosed her with chronic fatigue syndrome. Further, in Salomaa, the Ninth Circuit considered whether the plan had wrongfully denied benefits, not whether that denial was made in bad faith.

Second, Collier complains that ReliaStar "failed to tell [her] what evidence it would accept to prove that she had too much pain or fatigue to work." Opp'n at 9. This argument is unavailing. As an initial matter, Collier cites no authority which would impose

such an obligation on insurers in this context. Further, ReliaStar asked Collier to submit additional evidence which might support her claim on numerous occasions. See, e.g., AR RS000175, 558.

Third, Collier argues that ReliaStar acted in bad faith because "when it terminated Ms. Collier's benefits and told her she could appeal, it failed to tell her that she was not required to go through an appeal, and could instead immediately file suit." Opp'n at 9. Once again, Collier cites no authority to support her position. Further, ReliaStar never indicated that Collier was required to appeal. See AR RS000148.

Fourth, Collier asserts that ReliaStar consistently failed to give her the opportunity to respond to medical reports before ReliaStar relied upon them to make a decision. Opp'n at 9-10. This argument has been rejected in the ERISA context since requiring an insurer to obtain a response to an expert report before a decision "would create an endless loop of opinions, characterized by an unnecessary cycle of submission, review, resubmission, and re-review." Winz-Byone v. Metro. Life Ins. Co., No. EDCV 07-238-VAP (OPx), 2008 U.S. Dist. LEXIS 109824, at \*21 (C.D. Cal. Mar. 26, 2008) (internal quotations and citations omitted).

Fifth, Collier argues that, in making its initial termination decision, ReliaStar improperly relied on Soong's medical report and disregarded Ortega's. Opp'n at 10. But ReliaStar's decision to accord more weight to Soong's diagnosis than to Ortega's cannot support a claim for bad faith because it was not unreasonable. Soong had conducted an independent medical examination of Collier, reviewed her medical files, and had provided ReliaStar with

supporting documentation. On the other hand, at the time of the initial termination decision, Ortega had not provided ReliaStar with medical records supporting his diagnosis. Further, as noted in ReliaStar's termination letter, Ortega had "outline[d] [Collier's] physical capacities in the light-medium category," indicating that she was capable of performing some work. AR RS000147.

Sixth, Collier argues that ReliaStar committed bad faith because Soong "did not measure joint laxity -- instead he measured range of motion of some of the larger joints." Opp'n at 10. Even if Soong's examination was flawed in some way -- and based on the record before the Court it is not altogether clear that it was -- ReliaStar cannot be held liable for bad faith for relying on it. Missing from Collier's opposition is any indication that ReliaStar acted unreasonably in basing its benefits decision on Soong's independent medical examination.

Seventh, Collier faults ReliaStar for failing to consider whether Soong was biased. Opp'n at 11. Soong has testified that 90 percent of his medical legal work has been for defendants and that his opinions are generally based on "objective diseases and findings" rather than subjective symptoms. Id. But the fact Soong frequently testifies on behalf of defendants does not mean that it was unreasonable for ReliaStar to rely on his opinion. Further, as noted above, Soong did assess Collier's subjective symptoms in rendering his diagnosis.

Eighth, Collier argues that ReliaStar did not timely inform her that it was reexamining her claim because her policy's definition of disability had changed. Opp'n at 11. This claim is

contradicted by the record. In April 2007, ReliaStar informed Collier that her initial claim for disability benefits had been approved, that the policy's definition of disability would change in September 2008, and that ReliaStar would be reviewing her claim periodically. AR RS000180-81.

Ninth, Collier contends that "ReliaStar does not believe it has an obligation to investigate." Opp'n at 11-12. Collier relies on this excerpt from the deposition testimony of ReliaStar claim analyst Steve Cayford ("Cayford"): "It's not a duty to seek out information. There is a proof of loss provision in the policy that would require that the claimant provide this information." Id.

This argument is unconvincing. Cayford's statement is taken completely out of context. See ECF No. 40 ("Padway Decl.") Ex. 2 ("Cayford Dep.") at 6-7. Additionally, regardless of Cayford's interpretation of ReliaStar's legal duties, the undisputed facts show that ReliaStar adequately investigated Collier's claim.

Tenth, Collier takes issue with Kahn's medical evaluation, speculating that he might have reached a different conclusion had ReliaStar gathered a better history from Collier. Opp'n at 12. Such speculation cannot support a claim for bad faith. As ReliaStar argues, the issue is not what Khan might have concluded had the facts been different, but what he did conclude. Ultimately, there was nothing unreasonable about ReliaStar's reliance on Khan's opinion.

Eleventh, Collier questions the impartiality of Anderson and MES Medical Solutions, the company that contracted Anderson for Collier's independent medical examination. <u>Id.</u> at 12-13. These

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charges of bad faith are substantially similar to those made concerning Soong and Kahn, and they fail for the same reasons.

Collier's twelfth argument is predicated on an apparent misunderstanding of ReliaStar's attempted surveillance of Collier. The surveillance was not incorporated into See id. at 13. ReliaStar's benefits decision because Collier was never actually observed by ReliaStar's private investigator. AR RS000869-872. Collier appears to argue that the surveillance should have been incorporated into ReliaStar's decision because it somehow supported her disability claim. Opp'n at 13. Specifically, Collier argues that the January 8, 2010 surveillance only showed that she "ran an errand and talked to her mailman. The surveillance results are consistent with the reported pain and fatigue." Id. at 13. argument borders on the frivolous. As the surveillance report indicates, it was Collier's mother, not Collier, that was observed talking to the mailman and running an errand. AR RS000872-74.

Thirteenth, Collier contends that ReliaStar failed to properly evaluate Collier's claim that she had too much fatigue and pain to work when it denied her appeal in February 2010. Opp'n. at 13. This appears to be nothing more than a repetition of a number of arguments already addressed and rejected above.

Fourteenth, Collier contends that ReliaStar somehow committed bad faith when it questioned the authenticity of Ortega's records. Opp'n at 14. The Court disagrees. In light of the circumstances, it was not unreasonable for ReliaStar to doubt Ortega's records. For example, Collier, not Ortega, initially sent ReliaStar the records, and Collier had initially represented that such records did not exist. Further, the records that were obtained directly

from Ortega indicate that Collier was not treated for joint pain and chronic fatigue until after ReliaStar began to question her diagnosis.

Finally, Collier accuses ReliaStar of picking and choosing which evidence it would gather and consider. Opp'n at 14-15. Collier specifically targets ReliaStar's decision to disregard her treatment records from October 30, 2009 and beyond since ReliaStar's decision was based on Collier's condition as of April 9, 2009. Id. Collier points out that ReliaStar conducted surveillance in January and April 2010 and ordered Anderson to conduct an examination in January 2010. Id. This argument is unavailing. Presumably, ReliaStar waited to commission an independent medical examination and surveillance until 2010 because it believed that Collier was living in Panama through 2009.

Accordingly, the Court GRANTS ReliaStar's motion for summary judgment with respect to Collier's claim for bad faith.<sup>7</sup>

### C. Intentional Infliction for Emotional Distress

To prevail on her claim for intentional infliction of emotion distress, Collier must show "extreme" and "outrageous" conduct on the part of ReliaStar. See Cervantez v. J. C. Penney Co., 24 Cal. 3d 579, 593 (Cal. 1979). "This standard is at least as difficult

With the Court's approval, ECF No. 46 ("Mar. 5, 2012 Order"), Collier filed a Surreply, alleging a number of additional deficiencies in the medical evaluations of Khan, Soong, and Anderson, ECF No. 48 ("Surreply"). Collier's Surreply suffers from the same defects as her opposition: it does not show why it was unreasonable for ReliaStar to rely on the independent evaluations of these medical professionals and, therefore, why ReliaStar should be held liable for bad faith. Further, with respect to Collier's bad faith claim, ReliaStar's actions must be measured on the facts it possessed at the time it rendered its benefits decision. The new information on which Collier relies, deposition testimony of Khan and Anderson, was not available to ReliaStar at the time it terminated Collier's benefits.

to meet as that for insurance bad faith, if not more so." Ayers v. Std. Ins. Co., 51 Fed. Appx. 222, 224 (9th Cir. 2002). As the undisputed facts show that Collier cannot state a claim for bad faith, her claim for intentional infliction of emotional distress must also fail.

### V. CONCLUSION

Dated:

For the foregoing reasons, the Court GRANTS in part and DENIES in part Defendant ReliaStar Life Insurance Company's motion for summary judgment. Plaintiff Wendy Collier's claims for bad faith and intentional infliction of emotional distress are DISMISSED. Collier's claim for breach of contract may proceed to trial.

IT IS SO ORDERED.

March 13, 2012

UNITED STATES DISTRICT JUDGE