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8 UNITED STATES DISTRICT COURT
9 SOUTHERN DISTRICT OF CALIFORNIA
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11 VAL J. WALDON,

12 Plaintiff,

13 v.

14 CAROLYN W. COLVIN, acting
15 Commissioner of Social Security,

16 Defendant.
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Case No.: 15cv0631 AJB (NLS)

ORDER:

**(1) ADOPTING REPORT AND
RECOMMENDATION (Doc. No. 22);**

**(2) OVERRULING DEFENDANT’S
OBJECTIONS (Doc. No. 23);**

**(3) GRANTING PLAINTIFF’S
MOTION FOR SUMMARY
JUDGMENT (Doc. No. 16);**

**(4) DENYING DEFENDANT’S
CROSS-MOTION FOR SUMMARY
JUDGMENT (Doc. No. 20); AND**

**(5) REMANDING FOR
CALCULATION AND AWARD OF
BENEFITS**

26 On March 20, 2015, Plaintiff Val J. Waldon (“Plaintiff”) filed this appeal against
27 Defendant Carolyn W. Colvin, Commissioner of Social Security (“Commissioner” or
28 “Defendant”), pursuant to § 205(g) of the Social Security Act, 42 U.S.C. § 405(g). (Doc.

1 No. 1.) The appeal seeks judicial review of an adverse final decision entered on
2 November 20, 2014, which denied Plaintiff’s claim for disability benefits. (*Id.* at 2.) On
3 December 14, 2015, Plaintiff filed a motion for summary judgment, (Doc. No. 16), and
4 on February 10, 2016, Defendant filed a cross-motion for summary judgment, (Doc. No.
5 20). The motions were referred to Magistrate Judge Nita L. Stormes for issuance of a
6 report and recommendation.

7 On May 10, 2016, Judge Stormes issued a report and recommendation, which
8 recommended that the Court grant Plaintiff’s motion for summary judgment, deny
9 Defendant’s cross-motion for summary judgment, and remand the action to the
10 Commissioner of Social Security to calculate and award disability benefits to Plaintiff.
11 (Doc. No. 22.) Defendant filed timely objections on May 24, 2016, (Doc. No. 23), and
12 Plaintiff filed a response to Defendant’s objections on June 1, 2016. (Doc. No. 24.) For
13 the reasons set forth below, the Court **ADOPTS** the report and recommendation,
14 **GRANTS** Plaintiff’s motion for summary judgment, and **DENIES** Defendant’s cross-
15 motion for summary judgment.

16 **BACKGROUND**

17 On August 27, 2008, Plaintiff filed a claim for disability and social security
18 disability insurance benefits. (Doc. No. 9-5 at 1–12.) The application asserted a disability
19 onset date of March 1, 1997. (*Id.*) The request was denied on December 17, 2008, and on
20 reconsideration on March 4, 2009. (*Id.*) Plaintiff filed a written request for a hearing on
21 March 17, 2009. (*Id.*) On April 12, 2010, and August 30, 2010, an administrative law
22 judge (“ALJ”) held hearings to determine whether Plaintiff was disabled. (Doc. No. 9-2
23 at 60–68, 35–59.) Based on the evidence and testimony presented, the ALJ issued a
24 decision on September 9, 2010, denying Plaintiff’s claim. (*Id.* at 19–34.) The ALJ found
25 that although Plaintiff had severe impairments,¹ he could successfully adjust to other
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27 ¹ These impairments included, “Diabetes mellitus; peripheral neuropathy; history of
28 cerebrovascular accident; gastroesophageal reflux disease; hypertension; dyslipidemia;

1 work. (Doc. No. 9-2 at 22–30.) Additionally, the ALJ discredited the testimony of
2 Plaintiff and his treating physician, Dr. Carol Sprague. (*Id.*)

3 Plaintiff filed an administrative request to review the decision, which the Appeals
4 Council denied. (Doc. No. 9-2 at 2–7, 17–18.) Plaintiff then filed a complaint for judicial
5 review with the Court. Plaintiff’s initial request for judicial review proceeded under a
6 separate case, Case No. 13cv1323, during which the parties filed cross-motions for
7 summary judgment. Those motions were referred to Judge Stormes for issuance of a
8 report and recommendation. In resolving the cross-motions for summary judgment in
9 Plaintiff’s prior appeal, Judge Stormes recommended the Court reverse the ALJ’s
10 findings because they were not supported by clear and convincing reasons for rejecting
11 the testimony of Plaintiff and Dr. Sprague. (Case No. 12cv1323, Doc. No. 19.) The Court
12 adopted the report and recommendation in its entirety and remanded the case to the
13 Social Security Administration for further proceedings and consideration of the
14 previously discredited testimony. (*Id.* at 17–18.)

15 On remand, the ALJ held a hearing on October 14, 2014. (Doc. No. 9-10 at 61–
16 104.) On November 20, 2014, the ALJ issued a decision finding Plaintiff “did not have an
17 impairment or combination of impairments that met or medically equaled the severity of
18 one of the listed impairments in 20 CFR Part 404 Subpart P.” (*Id.* at 10.) Additionally,
19 the ALJ concluded that Plaintiff “had the residual functional capacity to perform
20 sedentary work as defined in 20 CFR 404.1567(a)” with some limitations. (*Id.*) In
21 reaching these conclusions, the ALJ discredited much of Plaintiff’s testimony regarding
22 the extent of his disability. (*Id.* at 12–16.) The ALJ also rejected the opinion of Dr.
23 Sprague. The ALJ ultimately concluded that Plaintiff was not disabled and therefore not
24 entitled to disability benefits. (*Id.*)

25 Plaintiff then filed the instant action, again seeking review of the Social Security
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27 right knee pain; possibly osteoarthritis; and history of alcohol and cocaine dependence.”
28 (Doc. No. 9-10 at 8.)

1 Commissioner’s decision. (Doc. No. 1.) The matter was referred to Judge Stormes for
2 issuance of a report and recommendation on the parties’ cross-motions for summary
3 judgment. (Doc. No. 13.) Judge Stormes issued a report and recommendation (“the
4 R&R”), finding that the ALJ did not cite clear and convincing reasons to reject the
5 testimony of Dr. Sprague or Plaintiff. (Doc. No. 22 at 22–23.) Accordingly, Judge
6 Stormes recommends the Court grant Plaintiff’s motion for summary judgment and deny
7 Defendant’s cross-motion for summary judgment. Judge Stormes also recommends the
8 Court find Plaintiff “disabled” and remand to the Social Security Commissioner for an
9 award of benefits, finding remand for further proceedings would be futile. (*Id.* at 23.)

10 Defendant filed timely objections to the R&R. Defendant contends Judge Stormes’
11 consideration of Dr. Sprague’s testimony and Plaintiff’s credibility was legally erroneous.
12 (Doc. No. 23.) Defendant additionally argues that remand for payment is “highly
13 inappropriate.” (*Id.* at 9.)

14 LEGAL STANDARDS

15 **I. Review of the Report and Recommendation**

16 Federal Rule of Civil Procedure 72(b) and 28 U.S.C. § 636(b)(1) set forth a district
17 judge’s duties in connection with a magistrate judge’s report and recommendation. The
18 district judge must “make a *de novo* determination of those portions of the report to
19 which objection is made,” and “may accept, reject, or modify, in whole or in part, the
20 finding or recommendations made by the magistrate judge.” 28 U.S.C. § 636(b)(1)(C);
21 *see also United States v. Remsing*, 874 F.2d 614, 617 (9th Cir. 1989). However, in the
22 absence of timely objection(s), the court “need only satisfy itself that there is no clear
23 error on the face of the record in order to accept the recommendation.” Fed. R. Civ. P.
24 72(b), Advisory Committee Notes (1983); *see also United States v. Reyna-Tapia*, 328
25 F.3d 1114, 1121 (9th Cir. 2003).

26 **II. Judicial Review of Adverse Social Security Determinations**

27 Sections 206(g) and 1631(c)(3) of the Social Security Act allow unsuccessful
28 applicants to seek judicial review of the Commissioner’s final agency decision. *See* 42

1 U.S.C. §§ 405(g), 1383(c)(3). The scope of judicial review, however, is limited. The
2 Commissioner’s final decision should not be disturbed unless: (1) the ALJ’s findings are
3 based on legal error; or (2) the ALJ’s determinations are not supported by substantial
4 evidence in the record as a whole. *See Schneider v. Comm’r of Soc. Sec. Admin.*, 223
5 F.3d 968, 973 (9th Cir. 2000). Substantial evidence means “more than a mere scintilla but
6 less than a preponderance; it is such relevant evidence as a reasonable mind might accept
7 as adequate to support a conclusion.” *Andrews v. Shalala*, 53 F.3d 1035, 1039 (9th Cir.
8 1995).

9 In making this determination, the Court must consider the record as a whole,
10 weighing both the evidence that supports, and the evidence that detracts from the ALJ’s
11 conclusion. *See Mayes v. Massanari*, 276 F.3d 453, 459 (9th Cir. 2001); *Desrosiers v.*
12 *Sec’y of Health & Human Servs.*, 846 F.2d 573, 576 (9th Cir. 1988). “The ALJ is
13 responsible for determining credibility, resolving conflicts in medical testimony, and for
14 resolving ambiguities.” *Vasquez v. Astrue*, 547 F.3d 1101, 1101 (9th Cir. 2008) (quoting
15 *Andrews*, 53 F.3d at 1039). Where the evidence is susceptible to more than one rational
16 interpretation, the ALJ’s decision must be affirmed. *Id.* (citation and quotations omitted).
17 Therefore, § 405(g) permits a court to enter a judgment affirming, modifying, or
18 reversing a decision of the Commissioner. 42 U.S.C. § 405(g). The Court may also
19 remand the action for an immediate award of benefits “upon a showing that there is new
20 evidence which is material and that there is good cause for failure to incorporate into the
21 record in a prior proceeding.” *Id.*

22 **DISCUSSION**

23 A. Evaluation of Dr. Sprague’s Testimony

24 During the administrative proceedings following the Court’s initial remand, the
25 ALJ rejected the opinion of Dr. Sprague, Plaintiff’s treating physician for approximately
26 the past ten years. In rejecting that opinion, the ALJ cited four reasons, including that: (1)
27 Plaintiff failed to comply with his diabetes medication regime; (2) Plaintiff’s reported
28 physical activity levels were inconsistent with his reports of foot and leg pain; (3)

1 Plaintiff testified inconsistently regarding the facts underlying his post-traumatic stress
2 disorder (“PTSD”); and (4) Dr. Sprague improperly concluded Plaintiff was disabled.

3 In the R&R, Judge Stormes found the ALJ did not rely on clear and convincing
4 reasons to reject Dr. Sprague’s opinion, finding the reasons cited were unsupported by
5 the record. Defendant objects that the R&R improperly assessed the evidence underlying
6 the ALJ’s rejection of Dr. Sprague’s report. (Doc. No. 23 at 4–5.) According to
7 Defendant, Judge Stormes reexamined treatment notes and failed to provide deference to
8 the ALJ’s decision in instances where the evidence is susceptible to more than one
9 reasonable interpretation. (*Id.* at 4.)

10 As Plaintiff’s treating physician, Dr. Sprague’s opinion is entitled to substantial
11 weight. *See Roulhac v. Astrue*, No. EDCV07-01676, 2009 WL 3066636, at *3 (C.D. Cal.
12 Sept. 21, 2009). Moreover, because her testimony was not contradicted by that of another
13 doctor, the ALJ is entitled to reject Dr. Sprague’s testimony only for “clear and
14 convincing” reasons. *Lester v. Chater*, 81 F.3d 821, 830 (9th Cir. 1995). In rejecting the
15 testimony of a treating physician, the ALJ must do more than offer conclusions—the ALJ
16 must set forth his own interpretations and explain why they are correct. *Orn v. Astrue*,
17 495 F.3d 625, 632 (9th Cir. 2007) (citing *Embrey v. Bowen*, 849 F.2d 418, 421–22 (9th
18 Cir. 1988)). An ALJ can “meet this burden by setting out a detailed and thorough
19 summary of the facts and conflicting clinical evidence, stating his interpretation thereof,
20 and making findings.” *Thomas v. Barnhart*, 278 F.3d 947, 957 (9th Cir. 2002).

21 The singular instance of Plaintiff’s purported non-compliance with his treatment
22 regime does not amount to a clear and convincing reason to reject Dr. Sprague’s
23 testimony. Though the ALJ cites to a conflicting pharmacy note as suggestive that
24 Plaintiff failed to take the recommended amount of medicine for treatment of diabetes,
25 the record considered as a whole supports a different finding. As noted in the R&R, the
26 ALJ’s determination that Plaintiff take his diabetes medication twice a day is unsupported
27 by any of Dr. Sprague’s treatment notes. Thus, distinct from Defendant’s contention that
28 the reviewing court defer to the agency’s determination when evidence is susceptible to

1 more than one interpretation, the reviewing court need not accept the ALJ's unsupported
2 reason for rejecting a treating physician's opinion. The record does not support chronic or
3 ongoing non-compliance with Plaintiff's diabetes treatment regime, contrary to the
4 conclusion articulated by the ALJ. *Cf. Garcia v. Astrue*, No. 12-954, 2012 WL 5342516,
5 at *5 (C.D. Cal. Oct. 29, 2012) (upholding the ALJ's rejection of treating physician's
6 opinion when records reflected that plaintiff chronically failed to comply with her
7 prescribed medication plan and the doctor described plaintiff's medication compliance as
8 "poor", "sporadic", and "erratic"); *Saese v. Astrue*, No. 1:08CV00117, 2010 WL
9 671031, at *20 (E.D. Cal. Feb. 19, 2010) (concluding the ALJ's interpretation was
10 reasonable because the plaintiff's compliance with her medications was in doubt on at
11 least three occasions). Accordingly, the instance of non-compliance with Plaintiff's
12 diabetes treatment is inconsistent with the record and does not amount to a clear and
13 convincing reason to reject Dr. Sprague's opinion.

14 As a second reason for rejecting Dr. Sprague's testimony, the ALJ concluded
15 Plaintiff's reported levels of pain associated with peripheral neuropathy and meralgia
16 paresthetica in his feet was inconsistent with Plaintiff's ability exercise in accordance
17 with his physician's recommendation. (Doc. No. 23 at 2.) In the R&R, Judge Stormes
18 concluded that Plaintiff's attempts to exercise were not inconsistent with Dr. Sprague's
19 opinions regarding severe pain in his legs and feet. Defendant contends the R&R
20 improperly reassessed the evidence to reach a favorable outcome for Plaintiff.

21 "A claimant's ability to engage in daily activities that are incompatible with the
22 severity of symptoms described by a treating physician is an appropriate basis upon
23 which to discredit that opinion." *Franz v. Colvin*, 91 F. Supp. 3d 1200, 1212 (D. Or.
24 2015). However, a social security claimant may engage in exercise for therapeutic
25 reasons despite pain. *Vertigan v. Halter*, 260 F.3d 1044, 1050 (9th Cir. 2001).

26 Although the record supports the conclusion that Plaintiff engaged in daily
27 walking, this activity was consistent with prescribed treatment for his diabetes and other
28 health concerns. The activities cited by the ALJ for rejecting Dr. Sprague's pain reports

1 was encouraged and prescribed as part of Plaintiff’s treatment plan. (*See* Doc. No. 9-9 at
2 173) (“A daily routine of regular physical activity, as appropriate for this patient’s
3 physical condition, was encouraged”); (*Id.* at 139–140) (“patient was given opportunity
4 ... to verbalize an understanding of the importance of regular exercise”); (*Id.* at 81–82)
5 (“advised to increase in walking during the holiday season” “discussed the role of
6 exercise in diabetes regiment”).

7 The frequency and duration of Plaintiff’s exercise is also consistent with his pain
8 as documented by Dr. Sprague. (*See* Doc. No. 9-9 at 206.) The record does not suggest
9 Plaintiff engaged in lengthy or strenuous daily activities; instead only walking for
10 exercise as encouraged by his medical providers. Accordingly, Plaintiff’s attempts to
11 comply with the exercise regime suggested by his providers is not a clear and convincing
12 reason to reject Dr. Sprague’s report about Plaintiff’s pain levels. *See Albery v. Colvin*,
13 No. CV-13-00321, 2014 WL 956135, at *11 (D. Ariz. Mar. 12, 2014) (“Plaintiff’s
14 participation in rehabilitation at the advice of his treating physicians is not inconsistent
15 with his claims of limitations.”); *Feliz v. Colvin*, No. CV-12-02196, 2014 WL 847137, at
16 *9 (D. Ariz. Mar. 5, 2014) (“Plaintiff’s limited walking on a treadmill, which was
17 consistent with her doctor’s advice that she exercise ‘as tolerated,’ is not inconsistent
18 with her claims of severe abdominal pain.”); *Clark v. Colvin*, No. C13-791, 2013 WL
19 6189726, at *5 (W.D. Wash. Nov. 26, 2013) (holding that the plaintiff’s swimming and
20 stretching were not inconsistent with her claims of pain and inability to work because
21 health care providers encouraged this exercise).

22 Next, in rejecting Dr. Sprague’s opinion, the ALJ cited the belief that Plaintiff
23 falsely alleged he was drafted into combat during the Vietnam war. As support, the ALJ
24 cited Plaintiff’s testimony about being in the Coast Guard as inconsistent with the
25 assertion Plaintiff witnessed combat and suffered from PTSD. In the R&R, Judge
26 Stormes concluded that there was no factual support to conclude that Dr. Sprague’s
27 reports of Plaintiff’s PTSD and depression were based on false allegations of being
28 drafted into the Vietnam War. Again, Defendant objects to the conclusion set forth in the

1 R&R, asserting the court reevaluated the evidence presented.

2 Plaintiff's accounts of PTSD associated with his past military experience is well-
3 documented throughout the record. (*See* Doc. Nos. 9-8 at 108; 9-9 at 13, 42–45, 167, 169,
4 227.) Regardless of whether Plaintiff engaged in a combat position in Vietnam, a combat
5 position elsewhere, or even a non-combat position altogether is not dispositive of whether
6 an individual can suffer from PTSD. Courts have recognized that non-combat positions
7 may also result in PTSD. *See Treadwell v. Astrue*, No. 10CV2016, 2012 WL 987302, at
8 *3 (S.D. Cal. Mar. 22, 2012) (“The records show that Plaintiff reported two significant
9 non-combat accidents while in the military that both meet stressor criteria for PTSD.”).
10 Thus, a distinction between whether Plaintiff engaged in combat or worked in a non-
11 combat position during the Vietnam War is not a clear and convincing reason to reject the
12 testimony of Dr. Sprague regarding Plaintiff's PTSD.

13 Finally, the ALJ rejected Dr. Sprague's testimony that Plaintiff was disabled
14 because such a finding is reserved for the Commissioner. In the R&R, the court
15 concluded that Dr. Sprague was offering her opinion, as opposed to an administrative
16 decision as to disability, and cited to the court's prior review of Plaintiff's claims. In its
17 prior review of the ALJ's determinations, the court noted that in rejecting Dr. Sprague's
18 testimony, the ALJ only stated that such a determination was left to the Commissioner,
19 which did not amount to “specific and legitimate reasons” to reject all of Dr. Sprague's
20 testimony. (Doc. No. 22 at 17.)

21 Defendant argues, again, that a disability determination is reserved for the
22 Commissioner, and treating source opinions are not entitled to controlling weight on the
23 issue of disability. (Doc. No. 23 at 4.) Although Defendant is correct that the ultimate
24 determination of whether a claimant is disabled is left to the Commissioner, this does not
25 change the fact that there must be a clear and convincing reason to reject the treating
26 physician's opinion.

27 While a treating physician's determination that a claimant is disabled is not
28 binding on an ALJ, such a conclusion does not entitle the ALJ to reject the physician's

1 conclusions regarding the nature and severity of a claimant’s impairments. *See Gallant v.*
2 *Heckler*, 753 F. 2d 1450, 1455 (9th Cir. 1984); *Stewart v. Harris*, 509 F. Supp. 31, 34
3 (N.D. Cal. 1980).

4 Again, Dr. Sprague’s conclusion regarding whether Plaintiff was “disabled” is
5 stated as her opinion and not as a substitute for the agency’s determination. Even if the
6 ALJ properly rejected the conclusion that Plaintiff is “disabled,” that is insufficient
7 reasons to reject the remainder of her opinion regarding Plaintiff’s medical conditions
8 and related symptoms.

9 Considering the record as a whole and Defendant’s objections, Defendant did not
10 provide clear and convincing reasons, supported by substantial evidence, to reject Dr.
11 Sprague’s notes and opinions.

12 B. Evaluation of Plaintiff’s Credibility

13 During the proceedings on remand, the ALJ concluded Plaintiff’s assertions were
14 “not totally credible” and articulated several reasons in support of this conclusion,
15 including: (1) Plaintiff’s activities of daily living; (2) Plaintiff’s discontinuance of drug
16 and alcohol treatment; (3) Plaintiff’s failure to follow up for a cardiac catherization; (4)
17 Plaintiff’s reports of alcohol use; (4) Plaintiff’s limitations; and (5) Plaintiff’s
18 impairments and pain. (Doc. No. 9-10 at 15–16.)² In the R&R, Judge Stormes rejected
19 the proffered challenges to Plaintiff’s credibility, finding each did not constitute a clear
20 and convincing reason to reject Plaintiff’s testimony. (Doc. No. 22 at 19–22.)

21 The ALJ is required to make “a credibility determination with findings sufficiently
22 specific to permit the court to conclude that the ALJ did not arbitrarily discredit
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25 ² The ALJ also cited Plaintiff’s varying testimony regarding military experience as
26 evidence of Plaintiff’s dishonesty. (Doc. No. 9-10 at 16.) For the reasons noted above
27 regarding the ALJ’s evaluation of Dr. Sprague’s testimony about Plaintiff’s PTSD, the
28 Court does not find Plaintiff’s testimony regarding his military experience inconsistent or
demonstrative or dishonest. Accordingly, the Court does not find the varying testimony a
clear and convincing reason for finding Plaintiff not credible.

1 claimant’s testimony.” *Tommasetti v. Astrue*, 533 F.3d 1035, 1039 (9th Cir. 2008)
2 (quoting *Thomas*, 278 F.3d at 958). There is a two-step analysis an ALJ employs. First,
3 the claimant must produce objective medical evidence of an underlying impairment or
4 impairments that could reasonably be expected to produce some degree of symptom. *Id.*
5 Second, if the claimant meets this threshold, and there is no evidence of malingering, the
6 ALJ can reject the testimony only for clear and convincing reasons. *Id.*; *Robbins v. Soc.*
7 *Sec. Admin.*, 466 F.3d 880, 883 (9th Cir. 2006). “General findings are insufficient; rather,
8 the ALJ must identify what testimony is not credible and what evidence undermines the
9 claimant’s complaints.” *Lester*, 81 F.3d at 834.

10 **1. Assessment of Daily Living Activities**

11 In the R&R, Judge Stormes concluded that the fact Plaintiff could conduct
12 activities of daily living was not inconsistent with limitations on his ability to work. (Doc.
13 No. 22 at 20.) Defendant objects, arguing that the R&R merely disagrees with the ALJ’s
14 conclusion. (Doc. No. 23 at 5.)

15 “Daily activities may be grounds for an adverse credibility finding if a claimant is
16 able to spend a substantial part of his day engaged in pursuits involving the performance
17 of physical functions that are transferable to a work setting.” *Orn v. Astrue*, 495 F.3d 625,
18 639 (9th Cir. 2007) (internal quotation marks and citation omitted). The Ninth Circuit has
19 “repeatedly asserted that the mere fact that a plaintiff has carried on certain daily
20 activities, such as grocery shopping, driving a car, or limited walking for exercise, does
21 not in any way detract from [his] credibility as to [his] overall disability.” *Vertigan*, 260
22 F.3d at 1050; *see also Fair v. Bowen*, 885 F.2d 597, 603 (9th Cir. 1989) (internal citations
23 omitted) (“The Social Security Act does not require that claimants be utterly
24 incapacitated to be eligible for benefits, and many home activities are not easily
25 transferable to what may be the more grueling environment of the workplace, where it
26 might be impossible to periodically rest or take medication.”). However, “daily activities
27 may be grounds for an adverse credibility finding if a claimant is able to spend a
28 substantial part of his day engaged in pursuits involving the performance of physical

1 functions that are transferable to a work setting.” *Orn v. Astrue*, 495 F.3d 625, 639 (9th
2 Cir. 2007).

3 Here, the ALJ did not explain how Plaintiff’s ability to complete daily activities
4 was inconsistent with any of his medical conditions. (*See* Doc. No. 9-10 at 15) (simply
5 stating Dr. Sprague reported that Plaintiff was able to perform his activities of daily
6 living). There are no facts to suggest that Plaintiff’s daily activities were inconsistent with
7 his medical conditions or that completion of daily activities would translate to
8 performance in a work environment. Instead, Plaintiff testified that he cannot use his
9 fingers very well and his wife must help him dress. (Doc. No. 9-10 at 75.) Further, he
10 testified that he has to have someone drive him around, he does limited cooking, and
11 virtually no cleaning. (*Id.* at 81.) An adverse credibility determination can be made in two
12 circumstances. Either the claimant’s activity contradicts his testimony or the claimant’s
13 activity meets the threshold for transferable work skills. *Phillips v. Colvin*, 61 F. Supp. 3d
14 925, 944 (N.D. Cal. 2014). The ALJ did not provide evidence for either. Further, even
15 though Dr. Sprague noted that Plaintiff could perform his daily activities, she also stated
16 that he would not be able to work in any capacity due to his medical conditions and the
17 side effects of medications used to treat those conditions. (Doc. No. 9-9 at 206.)

18 Considered with Dr. Sprague’s testimony regarding Plaintiff’s limitations and
19 various medical conditions, the fact Plaintiff could complete activities of daily living was
20 not a clear and convincing reason to find Plaintiff was not credible.

21 2. Assessment of Alcohol & Drug Treatment Discontinuance

22 In the R&R, Judge Stormes concluded that Plaintiff’s discontinuance of his drug
23 and alcohol rehabilitation in 1997 was not a clear and convincing reason to find Plaintiff
24 not credible. (Doc. No. 22 at 20.) In support, the R&R cited Plaintiff’s later rehabilitation,
25 noting Plaintiff “continued with the rehabilitation and reported to be in remission prior to
26 his date last insured.” (*Id.*) Defendant again objects that the R&R improperly disagreed
27 with the ALJ’s findings. (Doc. No. 23 at 8.)

28 An unexplained or inadequately explained failure to seek treatment or to follow a

1 prescribed course of treatment is a factor that weighs claimant’s credibility. *Tommasetti*,
2 533 F.3d at 1039. Similarly, the failure to follow a prescribed treatment that would
3 ameliorate an impairment, without good reason, is a valid basis for denying benefits. *See*
4 20 C.F.R. §§ 404.1530(b), 416.930(b).

5 Although the record establishes that Plaintiff initially discontinued his alcohol and
6 drug treatment regime, Plaintiff testified that his treatment was initially discontinued
7 because he struggled with addiction. (Doc. No. 9-10 at 85.) Plaintiff, however, did return
8 to treatment and ceased using alcohol and drugs. (*Id.*) Despite his inability to complete
9 group treatment sessions in September and October 1997, Plaintiff was eventually able to
10 continue treatment and has refrained from drug or alcohol use since approximately
11 September 2000. (Doc. No. 9-9 at 168) (noting Plaintiff “reported his last drink of
12 alcohol and use of cocaine was in September 2000” and that Plaintiff “currently remains
13 sober”). Considering the record as a whole, the ALJ’s reliance on Plaintiff’s discontinued
14 treatment in 1997, when followed by eventual completion of alcohol and drug treatment
15 and continued rehabilitation, is not a clear and convincing reason to find Plaintiff not
16 credible. *See Bakarich v. Colvin*, No. CV-13-02620, 2015 WL 1470103, at *10 (D. Ariz.
17 Mar. 31, 2015) (finding no clear and convincing reasons to reject the plaintiff’s testimony
18 when the ALJ cited to records that were several years old, isolated examples, and failed
19 to address the most recent treatment notes).

20 **3. Assessment of Failure to Appear for Cardiac Catherization**

21 The R&R concluded the fact that Plaintiff did not show up for a cardiac
22 catherization was not a clear and convincing reason to find Plaintiff was not credible.
23 (Doc. No. 22 at 21.) Defendant contends that the R&R did not cite to any authority to
24 explain why the ALJ’s consideration of the medical note regarding cardiac catherization
25 was erroneous. (Doc. No. 23 at 6.)

26 An individual’s statements “may be less credible if the level or frequency of
27 treatment is inconsistent with the level of complaints, or if the medical reports or records
28 show that the individual is not following the treatment as prescribed and there are no

1 good reasons for this failure.” *Molina v. Astrue*, 674 F.3d 1104, 1113 (9th Cir. 2012).
2 “Moreover, a claimant’s failure to assert a good reason for not seeking treatment, ‘or a
3 finding by the ALJ that the proffered reason is not believable, can cast doubt on the
4 sincerity of the claimant's pain testimony.’” *Id.* at 1114 (citing *Fair*, 885 F.2d at 603).

5 The ALJ did not note whether the cardiac catherization was a prescribed course of
6 treatment or a suggested diagnostic test. Additionally, it is unclear how the failure to
7 appear for a cardiac catherization relates to Plaintiff’s other medical conditions and
8 reports of pain unrelated to a cardiac ailment. Accordingly, one instance where Plaintiff
9 failed to appear for a test, without any indication of whether that test was prescribed as a
10 course of treatment, or otherwise necessary to Plaintiff’s treatment, is not a clear and
11 convincing reason to find Plaintiff not credible.

12 **4. ALJ’s Assessment of Progress Notes**

13 The R&R found the ALJ’s conclusion that Plaintiff was not forthcoming
14 regarding his history of alcohol abuse was not a clear and convincing reason to find
15 Plaintiff not credible. (Doc. No. 22 at 21.) Defendant objects, asserting that the R&R
16 second-guessed the ALJ’s analysis and speculated about what Plaintiff conveyed to his
17 physicians. (Doc. No. 21 at 8.)

18 Inconsistent or conflicting testimony about alcohol use can contribute to an adverse
19 credibility finding. *Robbins v. Soc. Sec. Admin.*, 466 F.3d 880, 884 (9th Cir. 2006).
20 “[H]owever, a finding of just a single line of inconsistent testimony alone cannot be
21 enough without further corroboration or explanation.” *Id.*

22 Upon review of the record, there is no evidence to suggest that Plaintiff was not
23 forthcoming regarding his history of alcohol use. The record is replete with references of
24 Plaintiff’s prior alcohol dependence, instances of relapse, and Plaintiff’s continued
25 sobriety. The one instance cited by the ALJ as inconsistent and demonstrative of Plaintiff
26 not fully disclosing his alcohol dependence is not a clear and convincing reason for
27 finding Plaintiff not credible. *See Norris v. Colvin*, 160 F. Supp. 3d 1251 (E.D. Wash.
28 2016) (“Although the ALJ’s opinion does note one inconsistent statement concerning

1 alcohol use, the Court finds that the ALJ did not provide sufficiently ‘clear and
2 convincing’ evidence to support a negative credibility finding based on these purportedly
3 inconsistent statements.”) (internal citation omitted). Accordingly, the Court finds the
4 ALJ’s conclusion that Plaintiff was not forthcoming regarding his alcohol dependence
5 unsupported by the record, and therefore not a clear and convincing reason to find
6 Plaintiff not credible.

7 **5. Assessment of Plaintiff’s Limitations**

8 The R&R concluded that Dr. Sprague’s opinion supported a finding that Plaintiff’s
9 ailments met or equaled a listing, contrary to the finding of the ALJ. (Doc. No. 22 at 22.)
10 Defendant objects, the R&R did not find error in the ALJ’s conclusions in this regard.
11 (Doc. No. 22 at 21–22.)

12 The claimant has the burden of producing medical evidence that establishes all of
13 the requisite medical findings for a listed impairment. *Burch v. Barnhart*, 400 F.3d 676,
14 683 (9th Cir. 2005); *Bowen v. Yuckert*, 482 U.S. 137, 146 (1987). If the claimant’s
15 condition meets or equals one in the Listing of Impairments, the claimant is presumed
16 conclusively to be disabled. “Medical equivalence will be found ‘if the medical findings
17 are at least equal in severity and duration to the listed findings’” and is “determined on
18 the basis of a comparison between the ‘symptoms, signs and laboratory findings’ about
19 the claimant’s impairment as evidenced by the medical records ‘with the medical criteria
20 shown with the listed impairment.’” *Marcia v. Sullivan*, 900 F.2d 172, 176 (9th Cir.
21 1990) (quoting 20 C.F.R. § 404.1526). In evaluating whether a claimant equals a listed
22 impairment, “the ALJ must explain adequately his evaluation of alternative tests and the
23 combined effects of the impairments.” *Id.*

24 The record demonstrates that Dr. Sprague described Plaintiff as having a “marked
25 limitation in concentration due to pain and fatigue” as well as “marked impairment in his
26 social functioning.” (Doc. No. 9-9 at 206.) To the extent the ALJ rejected Dr. Sprague’s
27 conclusion that Plaintiff had a marked impairment, that argument is rejected for the
28 reasons set forth above. Accordingly, finding the ALJ’s conclusion not supported by the

1 record, specifically, the report of Dr. Sprague, this does not constitute a clear and
2 convincing reason to find Plaintiff not credible.

3 **6. Assessment of Plaintiff’s Impairments and Pain**

4 The R&R held the ALJ improperly discredited Plaintiff’s reports of impairments
5 and related pain. (Doc. No. 22 at 22.) Defendant objects, asserting that the lack of
6 objective evidence considered together with the ALJ’s other credibility determinations is
7 sufficient evidence upon which to discredit Plaintiff. (Doc. No. 23 at 6.)

8 In evaluating the credibility of pain testimony after a claimant produces objective
9 medical evidence of an underlying impairment, an ALJ may not reject a claimant’s
10 subjective complaints based solely on a lack of medical evidence to fully corroborate the
11 alleged severity of pain. *See Bunnell v. Sullivan*, 947 F.2d 341, 345 (9th Cir. 1991).
12 Unless there is affirmative evidence showing that the claimant is malingering, the ALJ’s
13 reasons for rejecting pain testimony must be clear and convincing. *See Lester*, 81 F.3d at
14 834. The ALJ must specify what testimony is not credible and identify the evidence that
15 undermines the claimant’s complaints—“[g]eneral findings are insufficient.” *Reddick v.*
16 *Chater*, 157 F.3d 715, 722 (9th Cir. 1998) (internal quotation marks omitted).

17 In disregarding the Plaintiff’s testimony regarding his pain, the ALJ simply noted,
18 “the objective evidence if the claimant’s medical record, during the period at issue, does
19 not establish impairments likely to produce disabling pain or other limitations as
20 alleged[.]” (Doc. No. 9-10 at 16.) The ALJ does not cite to any particular portion of the
21 record as undermining Plaintiff’s testimony regarding pain or impairments. The ALJ also
22 did not express through clear and convincing reasons why the Plaintiff’s testimony and
23 the medical record did not establish disabling pain or other limitations. General assertions
24 that the claimant’s testimony is not credible are insufficient. *Wilson v. Astrue*, 752 F.
25 Supp. 2d 1146, 1158 (D. Or. 2010); *see also Parra v. Astrue*, 481 F.3d 742, 750 (9th Cir.
26 2007) (noting the ALJ must specifically identify “what testimony is not credible and what
27 evidence undermines the claimant’s complaints”). Accordingly, the ALJ’s general
28 finding that Plaintiff was not credible for lack of objective medical evidence is

1 insufficient to warrant finding Plaintiff not credible.

2 Consistent with Ninth Circuit precedent, because the ALJ’s reasons for discounting
3 Plaintiff’s testimony are not supported by substantial evidence and thus do not meet the
4 clear and convincing standard when considering the record in its entirety, the Court
5 concludes the ALJ erred in discrediting Plaintiff’s testimony. *See Burrell v. Colvin*, 775
6 F.3d 1133, 1140 (9th Cir. 2014). Accordingly, Defendant’s objections to the R&R’s
7 findings regarding the ALJ’s credibility determinations are overruled.³

8 C. Remand for Payment

9 The R&R concluded that this matter should be remanded to the Social Security
10 Administration for an award of benefits to Plaintiff, finding further administrative
11 proceedings unnecessary. (Doc. No. 22 at 22.) Defendant argues that remand for payment
12 is highly inappropriate because the R&R did not establish that Plaintiff is “disabled” or
13 that the record was complete. (Doc No. 23 at 7.)

14 A court has discretion to remand for further proceedings or remand for payment of
15 benefits. *Harman v. Apfel*, 211 F.3d 1172, 1177 (9th Cir. 2000). “Remand for further
16 administrative proceedings is appropriate if enhancement of the record would be useful.”
17 *Benecke v. Barnhart*, 379 F.3d 587, 593 (9th Cir. 2004). Conversely, where the record
18 has been developed fully and further administrative proceedings would serve no useful
19 purpose, the district court should remand for an immediate award of benefits. *See Smolen*
20 *v. Chater*, 80 F.3d 1273, 1292 (9th Cir. 1996); *Varney v. Secretary of Health and Human*
21 *Services*, 859 F.2d 1396, 1399 (9th Cir. 1988). More specifically, the district court should
22 credit evidence that was rejected during the administrative process and remand for an
23 immediate award of benefits if (1) the ALJ failed to provide legally sufficient reasons for
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26 ³ In finding the Plaintiff not credible, the ALJ also cited Plaintiff’s failure to follow his
27 diabetes treatment regime and that Plaintiff’s exercise habits were inconsistent with his
28 reported pain levels. However, for the reasons set forth above regarding the ALJ’s
assessment of Dr. Sprague’s reports, the Court finds these are also not clear and
convincing reasons to find Plaintiff not credible.

1 rejecting the evidence; (2) there are no outstanding issues that must be resolved before a
2 determination of disability can be made; and (3) it is clear from the record that the ALJ
3 would be required to find the claimant disabled were such evidence credited. *Harman*,
4 211 F.3d at 1178; *see also* *McCartey v. Massanari*, 298 F.3d 1072, 1076–77 (9th Cir.
5 2002).

6 Upon review of the record and for the reasons set forth above, remand for an
7 immediate award of benefits is appropriate. If the discredited testimony were considered,
8 it is clear the ALJ would find Plaintiff disabled. Additionally, the record is fully
9 developed and no outstanding issues remain that would require further proceedings.
10 Under such circumstances, remand for award of benefits in lieu of further administrative
11 proceedings is appropriate. *See Mendoza v. Colvin*, 2015 WL 6437337, at *2 (9th Cir.
12 Oct. 23, 2015) (remanding for award of benefits where ALJ failed to provide legally
13 sufficient reason for rejecting medical opinion, as well as the plaintiff’s testimony);
14 *Martinez v. Colvin*, 585 Fed. Appx. 612, 613 (9th Cir. 2014) (“if Martinez’s testimony
15 and Dr. Novak’s opinion were properly credited, Martinez would be considered disabled.
16 We therefore reverse the decision of the district court and remand with instructions to
17 remand to the ALJ for the calculation and award of benefits”); *Moore v. Comm’r of Soc.*
18 *Sec. Admin.*, 278 F.3d 920, 925 (9th Cir. 2002) (remanding for payment of benefits where
19 the ALJ improperly rejected the testimony of the plaintiff’s examining physicians);
20 *Ghokassian v. Shalala*, 41 F.3d 1300, 1304 (9th Cir. 1994) (awarding benefits where the
21 ALJ “improperly discounted the opinion of the treating physician”). Thus, Defendant’s
22 objection to remand for immediate award of benefits is overruled.

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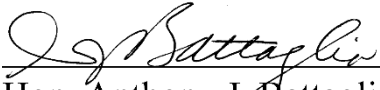
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1 **CONCLUSION**

2 For reasons set forth above, the Court hereby **ADOPTS** the R&R, (Doc. No. 22),
3 **OVERRULES** Defendant's objections, (Doc. No. 23), **DENIES** Defendant's cross-
4 motion for summary judgment, (Doc. No. 20), and **GRANTS** Plaintiff's motion for
5 summary judgment, (Doc. No. 16.) This matter is **REMANDED** to the Social Security
6 Commission for calculation and issuance of disability benefits.

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8 **IT IS SO ORDERED.**

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10 Dated: August 29, 2016

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12 Hon. Anthony J. Battaglia
13 United States District Judge
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