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UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

AMY BOWMAN,

Plaintiff,

v.

NANCY A. BERRYHILL,<sup>1</sup>

Defendant.

CASE NO. C16-1059JLR

ORDER REVERSING AND  
REMANDING FOR FURTHER  
ADMINISTRATIVE  
PROCEEDINGS

I. INTRODUCTION

Plaintiff Amy Bowman seeks review of the denial of her application for disability insurance benefits. Ms. Bowman contends that the Administrative Law Judge (“ALJ”) erred in evaluating the medical evidence, evaluating Ms. Bowman’s testimony, assessing her residual functional capacity (“RFC”), and finding her capable of performing work available in the national economy. (Op. Br. (Dkt. # 9) at 1-2.) Having considered the submissions of the parties, the relevant portions of the record, and the applicable law, the court REVERSES Defendant Commissioner Nancy A. Berryhill’s (“the Commissioner”)

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<sup>1</sup> Nancy A. Berryhill is now the Acting Commissioner of the Social Security Administration. Pursuant to Federal Rule of Civil Procedure 25(d), Nancy A. Berryhill is substituted for Carolyn W. Colvin as Defendant in this suit. The clerk is directed to update the docket, and all future filings by the parties should reflect this change.

1 final decision and REMANDS the matter for further administrative proceedings under  
2 sentence four of 42 U.S.C. § 405(g).

3  
4 **II. BACKGROUND**

5 On July 31, 2013, Ms. Bowman protectively filed an application for disability  
6 insurance benefits. (Administrative Record (“AR”) (Dkt. # 7) at 15.) Ms. Bowman’s  
7 application was denied initially and on reconsideration. (*Id.*) The ALJ conducted a  
8 hearing on January 13, 2015, at which Ms. Bowman alleged an amended disability onset  
9 date of May 1, 2013. (*Id.*) After the hearing, the ALJ issued a decision finding Ms.  
10 Bowman not disabled. (*Id.* at 15-24.)

11 The ALJ utilized the five-step disability evaluation process in his decision,<sup>2</sup> and  
12 the court summarizes the ALJ’s findings as follows:

13 **Step one:** Ms. Bowman has not engaged in substantial gainful activity since May  
14 1, 2013, the amended alleged onset date.

15 **Step two:** Ms. Bowman has the following severe impairments: Chiari I  
16 malformation, cervical degenerative disc disease, chronic fatigue syndrome,  
17 obesity, history of fibromyalgia, history of sleep disorder, history of asthma, and  
18 nicotine addiction.

19 **Step three:** Ms. Bowman does not have an impairment or combination of  
20 impairments that meets or equals the requirements of a listed impairment.<sup>3</sup>

21 **RFC:** Ms. Bowman can perform sedentary work as defined in 20 C.F.R.  
22 § 404.1567(a). She can perform unskilled, repetitive, and routine work. She can  
23 have occasional contact with the public, coworkers, and supervisors. She will be  
off task up to 14 percent of the time but will still meet minimum production  
requirements of the job. She will be absent from work one time every three

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<sup>2</sup> 20 C.F.R. § 416.920.

<sup>3</sup> 20 C.F.R. Part 404, Subpart P, Appendix 1.

1 months. She can occasionally stoop, squat, crouch, crawl, and kneel. She can  
2 occasionally climb ramps and stairs. She can never climb ladders, ropes, or  
3 scaffolds.

**Step four:** Ms. Bowman is unable to perform any past relevant work.

4 **Step five:** Because jobs exist in significant numbers in the national economy that  
5 Ms. Bowman can perform, she is not disabled.

6 (See AR at 17-24.) The Appeals Council denied Ms. Bowman's request for review,  
7 making the ALJ's decision the Commissioner's final decision. (See AR at 1-6.)<sup>4</sup>

### 8 III. ANALYSIS

9 Pursuant to 42 U.S.C. § 405(g), this court must set aside the Commissioner's  
10 denial of social security benefits if the ALJ's findings are based on legal error or not  
11 supported by substantial evidence in the record as a whole. *Bayliss v. Barnhart*, 427 F.3d  
12 1211, 1214 n.1 (9th Cir. 2005) (citing *Tidwell v. Apfel*, 161 F.3d 599, 601 (9th Cir.  
13 1999)).

#### 14 A. Evaluation of the Medical Evidence

15 Ms. Bowman argues that the ALJ erred in evaluating the medical evidence in the  
16 record. (See Op. Br. at 3-15.) Where the medical evidence in the record is not  
17 conclusive, resolving questions of credibility and conflicts in the evidence is solely the  
18 responsibility of the ALJ. See *Sample v. Schweiker*, 694 F.2d 639, 642 (9th Cir. 1982).  
19 In resolving questions of credibility and conflicts in the evidence, an ALJ's findings  
20 "must be supported by specific, cogent reasons." See *Reddick v. Chater*, 157 F.3d 715,  
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22 \_\_\_\_\_  
23 <sup>4</sup> The court omits the rest of the procedural history in this matter because it is not relevant  
to the outcome of the case.

1 725 (9th Cir. 1998). The ALJ can satisfy this requirement “by setting out a detailed and  
2 thorough summary of the facts and conflicting clinical evidence, stating his interpretation  
3 thereof, and making findings.” *Id.* The ALJ may also draw inferences “logically flowing  
4 from the evidence.” *Sample*, 694 F.2d at 642. Further, the court itself may draw  
5 “specific and legitimate inferences from the ALJ’s opinion.” *Magallanes v. Bowen*, 881  
6 F.2d 747, 755 (9th Cir. 1989).

7  
8 The ALJ must provide “clear and convincing” reasons for rejecting the  
9 uncontradicted opinion of either a treating or examining physician. *Lester v. Chater*, 81  
10 F.3d 821, 830 (9th Cir. 1996). Even when a treating or examining physician’s opinion is  
11 contradicted, that opinion “can only be rejected for specific and legitimate reasons that  
12 are supported by substantial evidence in the record.” *Id.* at 830-31.

13 **1. Pamela Yung, M.D., and Philip Moberg, M.D.**

14 Ms. Bowman argues that the ALJ erred by failing to give specific and legitimate  
15 reasons supported by substantial evidence to discount the opinions of treating physicians  
16 Pamela Yung, M.D., and Philip Moberg, M.D. (*See Op. Br.* at 3-12.) The court agrees.

17 In 2014, Ms. Bowman’s treating physicians completed medical opinion  
18 questionnaires. (*See AR* at 614-15, 617-18.) Dr. Yung and Dr. Moberg both opined that  
19 Ms. Bowman would need unscheduled breaks of 15 minutes or more on a daily or  
20 near-daily basis and would miss work three or more days per month due to her  
21 impairments. (*See AR* at 615, 618.) The ALJ gave little weight to their opinions because

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1 they were “inconsistent with [Ms. Bowman’s] longitudinal treatment history and her  
2 performance on physical examinations.” (See AR at 22.)

3 The ALJ’s broad statement is not sufficiently specific to show why he interpreted  
4 any supposedly conflicting evidence in favor of other opinions rather than those of the  
5 treating physicians. An ALJ may not reject a treating physician’s opinion by stating that  
6 the opinion lacks support in the medical record without explaining why his conclusions,  
7 “rather than the doctors’, are correct.” See *Embrey v. Bowen*, 849 F.2d 418, 421-22 (9th  
8 Cir. 1988).

9  
10 Regardless, substantial evidence does not support the ALJ’s finding that Dr.  
11 Yung’s and Dr. Moberg’s opinions were inconsistent with Ms. Bowman’s treatment  
12 history or physical examinations. The ALJ cited only a March 2014 examination in  
13 which a physician found that Ms. Bowman had normal gait and muscle tone. (See AR at  
14 22 (citing AR at 599-600).) However, the ALJ fails to explain how findings of normal  
15 gait and muscle tone were inconsistent with the treating physicians’ opinions. Dr. Yung  
16 and Dr. Moberg both regularly reported that Ms. Bowman had normal gait in their  
17 treatment notes. (See, e.g., AR at 337, 586, 589, 628, 655.) They also reported MRI  
18 results indicating Chiari I malformation, limited range of motion, diffuse tenderness to  
19 palpation through all peripheral muscles and joints, and exam results consistent with  
20 fibromyalgia. (See AR at 444, 456, 586, 589.) Considering the entire treatment record,  
21 including Ms. Bowman’s normal gait, Dr. Yung and Dr. Moberg opined that Ms.  
22 Bowman’s impairments would prevent her from working without unscheduled breaks and  
23

1 significant absenteeism. (See AR at 615, 618.) The ALJ showed no inconsistency  
2 between the record and their opinions.

3         Moreover, an ALJ should generally give treatment providers' opinions more  
4 weight than the opinions of sources who do not treat a claimant because "these sources  
5 are likely to be the medical professionals most able to provide a detailed, longitudinal  
6 picture of [a claimant's] medical impairment(s) and may bring a unique perspective to the  
7 medical evidence that cannot be obtained from the objective medical findings alone or  
8 from reports of individual examinations, such as consultative examinations or brief  
9 hospitalizations." See 20 C.F.R. § 404.1527(d)(2). Particularly considering that the ALJ  
10 rejected the opinions of Ms. Bowman's treating physicians in favor of opinions of  
11 non-examining state agency medical consultants (see AR at 22), the ALJ erred by failing  
12 to provide sufficient reasons for doing so.

14         The Ninth Circuit has "recognized that harmless error principles apply in the  
15 Social Security Act context." *Molina v. Astrue*, 674 F.3d 1104, 1115 (9th Cir. 2012)  
16 (citing *Stout v. Comm'r, Soc. Sec. Admin.*, 454 F.3d 1050, 1054 (9th Cir. 2006)). "[I]n  
17 each case we look at the record as a whole to determine [if] the error alters the outcome  
18 of the case." *Id.* Therefore, "an ALJ's error is harmless where it is 'inconsequential to  
19 the ultimate nondisability determination.'" *Id.* (quoting *Carmickle v. Comm'r, Soc. Sec.*  
20 *Admin.*, 533 F.3d 1155, 1162 (9th Cir. 2008)). Here, because the ALJ improperly  
21 discounted Dr. Yung's and Dr. Moberg's opinions in assessing the RFC and found Ms.

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1 Bowman capable of performing work based on that RFC, the errors affected the ultimate  
2 disability determination and are not harmless.

3 **2. Christopher Nelson, Ph.D.**

4 Ms. Bowman next argues that the ALJ erred by failing to give a specific and  
5 legitimate reason supported by substantial evidence to discount the opinion of examining  
6 psychologist Christopher Nelson, Ph.D. (*See* Op. Br. at 13-16.) The court agrees.

7 In November 2013, Dr. Nelson examined Ms. Bowman and opined that she would  
8 have moderate difficulty understanding, remembering, persisting at tasks, performing  
9 activities within a schedule, maintaining regular attendance, being punctual, learning new  
10 tasks, adapting to change, and making work-related decisions. (*See* AR at 526.) The  
11 ALJ gave this opinion only some weight because the record did not show that limitations  
12 in persisting at tasks or performing under stress were “the result of mental impairments  
13 given [Ms. Bowman’s] lack of specific mental health treatment.” (*See* AR at 22.)

14 However, according to the Ninth Circuit, that a claimant “may be one of millions  
15 of people who did not seek treatment for a mental disorder until late in the day is not a  
16 substantial basis on which to conclude that [a physician’s] assessment of [that] claimant’s  
17 condition is inaccurate.” *Nguyen v. Chater*, 100 F.3d 1462, 1465 (9th Cir. 1996). When  
18 a mental illness is involved, an assumption that a failure to seek treatment suggests a lack  
19 of need for treatment may be illogical. It may be illogical in part because a person  
20 suffering from a mental illness may not realize that her “condition reflects a potentially  
21 serious mental illness.” *See id.* “[I]t is a questionable practice to chastise one with a  
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1 mental impairment for the exercise of poor judgment in seeking rehabilitation.” *Id.*  
2 (quoting *Blankenship v. Bowen*, 874 F.2d 1116, 1124 (6th Cir. 1989)).

3 Furthermore, Ms. Bowman’s primary care provider Dr. Yung diagnosed her with  
4 major depressive disorder, listed it as an active condition throughout her treatment notes,  
5 and prescribed Ms. Bowman medication for depression and anxiety. (*See, e.g.*, AR at  
6 365-68, 528-31, 563-65, 633.) Therefore, the ALJ’s reason for discounting Dr. Nelson’s  
7 opinion is also unsupported by substantial evidence. Because the ALJ improperly  
8 discounted Dr. Nelson’s opinion in assessing the RFC, the ALJ committed harmful error  
9 here as well.<sup>5</sup>

11 **B. Evaluation of Ms. Bowman’s Testimony**

12 Ms. Bowman argues that the ALJ erred in evaluating her subjective complaints.  
13 (*See Op. Br.* at 15-18.) The court agrees.

14 Questions of credibility are solely the responsibility of the ALJ. *See Sample*, 694  
15 F.2d at 642. The court may not second-guess these credibility determinations. *Allen v.*  
16 *Heckler*, 749 F.2d 577, 580 (9th Cir. 1984). To reject a claimant’s subjective complaints,  
17 the ALJ must provide “specific, cogent reasons for the disbelief.” *Lester*, 81 F.3d at 834  
18 (citation omitted). The ALJ “must identify what testimony is not credible and what  
19 evidence undermines the claimant’s complaints.” *Id.*; *see also Dodrill v. Shalala*, 12 F.3d  
20 915, 918 (9th Cir. 1993). Unless affirmative evidence shows the claimant is malingering,  
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22 <sup>5</sup> Ms. Bowman argues that the ALJ’s error in evaluating Dr. Nelson’s opinion also led to  
23 an erroneous finding at step two that Ms. Bowman had no severe mental impairments. (*See Op.*  
*Br.* at 12-15.) While any error at step two was harmless here because the ALJ found other severe  
impairments and proceeded with the sequential evaluation process, the ALJ must make new  
step-two findings on remand.



1 the ALJ's reasons for rejecting the claimant's testimony must be "clear and convincing."

2 *Lester*, 81 F.2d at 834.

3 Here, the ALJ discounted Ms. Bowman's testimony for several reasons, none of  
4 which are clear, convincing, and supported by substantial evidence. First, the ALJ found  
5 it "reasonable to presume that if [Ms. Bowman's] stress improved so [too] would her  
6 impairments." (*See* AR at 21.) At the hearing, the ALJ asked Ms. Bowman if her illness  
7 is exacerbated by stress, to which Ms. Bowman replied that her illness "gets worse" if she  
8 stresses. (*See* AR at 37.) From this testimony, the ALJ inferred that Ms. Bowman's  
9 testimony regarding the limiting effects of her impairments could be discounted because  
10 they would improve if she were under less stress. (*See* AR at 21.) However, in stating  
11 that stress worsened her condition, Ms. Bowman was not necessarily testifying that stress  
12 was the determining factor. In fact, Ms. Bowman went on to describe at the hearing how  
13 even with accommodations to lower her stress at work, she was unable to stay employed.  
14 (*See* AR at 38.) Substantial evidence does not support the ALJ's attenuated inference.

15  
16 Next, the ALJ noted that Ms. Bowman's chronic conditions "did not prevent work  
17 in the past." (*See* AR at 20.) To the contrary, the record shows that, under a doctor's  
18 recommendation, Ms. Bowman's last employer accommodated her need to work no more  
19 than 25 hours per week but that Ms. Bowman was unable to maintain that schedule due to  
20 her impairments. (*See* AR at 272-73.)

21  
22 The ALJ also noted that Ms. Bowman's activities, such as driving and watching  
23 TV, were inconsistent with her alleged vision difficulties. (*See* AR at 22.) However, Ms.

1 Bowman stated in one function report that she was unable to see well. (See AR at 208.)  
2 Ms. Bowman ultimately did not seek to establish disability due to a vision impairment;  
3 she alleged at the hearing that her chronic pain, fatigue, and depression affected her  
4 ability to work. (See, generally, AR at 32-62.) Therefore, any inconsistency between the  
5 function report and Ms. Bowman's activities does not constitute a clear and convincing  
6 reason to discount her testimony regarding her allegedly disabling symptoms.

7  
8 Finally, the ALJ discounted Ms. Bowman's testimony because "the medical  
9 evidence [did] not substantiate [her] allegations of disabling limitations." (See AR at 20,  
10 22.) However, an ALJ may not reject a claimant's testimony solely on the basis of a lack  
11 of objective medical evidence in the record. See *Orteza v. Shalala*, 50 F.3d 748, 749-50  
12 (9th Cir. 1995); *Byrnes v. Shalala*, 60 F.3d 639, 641-42 (9th Cir. 1995). Because none of  
13 the other reasons that the ALJ provided for discounting Ms. Bowman's testimony was  
14 clear, convincing, and supported by substantial evidence, the ALJ's analysis of Ms.  
15 Bowman's testimony may not be upheld on this reason alone. Therefore, the ALJ erred  
16 here as well.

### 17 C. The RFC Assessment and Step-Five Finding

18 Ms. Bowman argues that the RFC and step-five finding are not supported by  
19 substantial evidence due to the errors alleged above. (See Op. Br. at 18.) The court  
20 concludes that because the ALJ erred in evaluating the medical evidence and Ms.  
21 Bowman's testimony, the RFC and the resulting step-five finding were not supported by  
22 substantial evidence and were in error.  
23

1           **D.     Remand for Further Proceedings**

2           The court may remand this case “either for additional evidence and findings or to  
3 award benefits.” *Smolen v. Chater*, 80 F.3d 1273, 1292 (9th Cir. 1996). Generally, when  
4 the court reverses an ALJ’s decision, “the proper course, except in rare circumstances, is  
5 to remand to the agency for additional investigation or explanation.” *Benecke v.*  
6 *Barnhart*, 379 F.3d 587, 595 (9th Cir. 2004) (citations omitted). Thus, it is “the unusual  
7 case in which it is clear from the record that the claimant is unable to perform gainful  
8 employment in the national economy” that “remand for an immediate award of benefits is  
9 appropriate.” *Id.*

10           Benefits may be awarded where “the record has been fully developed” and  
11 “further administrative proceedings would serve no useful purpose.” *Smolen*, 80 F.3d at  
12 1292; *Holohan v. Massanari*, 246 F.3d 1195, 1210 (9th Cir. 2001). Specifically, benefits  
13 should be awarded where:

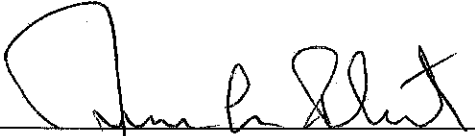
- 14           (1) the ALJ has failed to provide legally sufficient reasons for rejecting [the  
15 claimant’s] evidence, (2) there are no outstanding issues that must be  
16 resolved before a determination of disability can be made, and (3) it is clear  
17 from the record that the ALJ would be required to find the claimant  
18 disabled were such evidence credited.

19           *Smolen*, 80 F.3d at 1292; *McCartey v. Massanari*, 298 F.3d 1072, 1076-77 (9th Cir.  
20 2002). Here, factual issues remain regarding Ms. Bowman’s functional capabilities and  
21 her ability to perform other jobs existing in significant numbers in the national economy,  
22 in light of any additional limitations. Accordingly, the court concludes that remand for  
23 further consideration is warranted.

1 **IV. CONCLUSION**

2 For the foregoing reasons, the court REVERSES the Commissioner's final  
3 decision and REMANDS this case for further administrative proceedings under sentence  
4 four of 42 U.S.C. § 405(g).

5 DATED this 7<sup>th</sup> day of February, 2017.

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8 JAMES L. ROBART  
9 United States District Judge  
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