UNITED STATES DISTRICT COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA

Maria T. L. v. Frank Bisignano, Commissioner of Social Security

No. 2:25-01859 ADS, United States District Court for the Central District of California (January 5, 2026)

SUMMARY

The United States District Court for the Central District of California reviews the denial of Maria T. L.'s application for Disability Insurance Benefits. The court holds that the Administrative Law Judge failed to provide legally sufficient, specific, clear, and convincing reasons for discounting Plaintiff's subjective symptom testimony. The court reverses the Commissioner's decision and remands the matter for further administrative proceedings.

CASE DETAILS

COURT	United States District Court for the Central District of California
WRITING FOR THE COURT	Autumn D. Spaeth
JURISDICTION	United States District Court for the Central District of California
DECIDED	January 5, 2026
DOCKET	2:25-01859 ADS
DISPOSITION	reversed_and_remanded
PROCEDURAL POSTURE	Plaintiff sought judicial review under 42 U.S.C. § 405(g) of the Commissioner of Social Security's denial of Disability Insurance Benefits.
STANDARD OF REVIEW	The court reviewed the Commissioner's decision under 42 U.S.C. § 405(g), affirming factual findings supported by substantial evidence and applying the proper legal standards. The court was limited to the reasons provided by the ALJ and could not affirm on a ground on which the ALJ did not rely.
PRECEDENTIAL VALUE	District-court memorandum opinion; precedential status unknown
PARTIES	Maria T. L. v. Frank Bisignano, Commissioner of Social Security

TOPICS

judicial review of agency action · administrative law · remedies · civil procedure

PRACTICE AREAS

social security disability | administrative law | civil procedure

QUESTIONS PRESENTED

1. Whether the ALJ provided legally sufficient, specific, clear, and convincing reasons supported by substantial evidence for discounting Plaintiff's subjective symptom testimony.
2. Whether the ALJ properly evaluated the medical evidence.
3. Whether the ALJ's residual functional capacity assessment included all of Plaintiff's limitations.
4. Whether the ALJ properly relied on vocational-expert testimony to find that Plaintiff could perform other work.

HOLDINGS

1. The ALJ failed to provide specific, clear, and convincing reasons supported by substantial evidence for discounting Plaintiff's subjective symptom testimony because the ALJ summarized medical evidence and made generalized conclusions without identifying the specific testimony rejected or explaining which evidence contradicted it.
2. Further administrative proceedings, rather than an immediate award of benefits, were warranted because the record did not clearly establish that Plaintiff was disabled and further review could remedy the ALJ's error.

KEY QUOTATIONS

> *"Although the ALJ provided a detailed summary of the medical record, noting both normal and abnormal findings (AR 25-33), it is not sufficient for an ALJ simply to summarize the medical evidence at issue in the case and make a generalized statement that the record undermines the claimant's testimony."* (Opinion at 8)

> *"The Court finds the ALJ failed to provide legally sufficient reasons, supported by substantial evidence, for discounting Plaintiff's subjective symptom testimony."* (Opinion at 11)

FACTUAL BACKGROUND

Plaintiff, a former registered nurse, alleged disability based on depression, anxiety, panic attacks, degenerative spine conditions, bilateral carpal tunnel syndrome, pain, numbness, fatigue, and cognitive limitations. The ALJ found severe physical and mental impairments but determined that Plaintiff retained the residual functional capacity for medium work with exertional, environmental, social, and mental limitations. The ALJ concluded that Plaintiff could not perform her past work but could perform other jobs existing in significant numbers in the national economy.

PROCEDURAL HISTORY

Plaintiff applied for Disability Insurance Benefits, alleging disability beginning April 27, 2018. The application was denied initially and on reconsideration; following administrative hearings, the ALJ found Plaintiff not

disabled on March 12, 2024, and the Appeals Council denied review on January 13, 2025. Plaintiff then filed this action, and the parties consented to magistrate-judge jurisdiction.

DISPOSITION

reversed_and_remanded

REMAND INSTRUCTIONS

The Commissioner's decision denying benefits was reversed, and the matter was remanded for further administrative proceedings consistent with the opinion. The court directed that the remaining issues could be addressed on remand if necessary.

CASES CITED

- Garrison v. Colvin, 759 F.3d 995, 1010, 1017, 1021 (9th Cir. 2014)
- Connett v. Barnhart, 340 F.3d 871, 874 (9th Cir. 2003)
- Mayes v. Massanari, 276 F.3d 453, 458-59 (9th Cir. 2001)
- Reddick v. Chater, 157 F.3d 715, 725 (9th Cir. 1998)
- Aukland v. Massanari, 257 F.3d 1033, 1035 (9th Cir. 2001)
- Ryan v. Commissioner of Social Security, 528 F.3d 1194, 1198 (9th Cir. 2008)
- Burch v. Barnhart, 400 F.3d 676, 679 (9th Cir. 2005)
- Robbins v. Social Security Administration, 466 F.3d 880, 882 (9th Cir. 2006)
- Orn v. Astrue, 495 F.3d 625, 630 (9th Cir. 2007)
- Brown-Hunter v. Colvin, 806 F.3d 487, 492, 494-96 (9th Cir. 2015)
- Molina v. Astrue, 674 F.3d 1104, 1115 (9th Cir. 2012)
- Smith v. Kijakazi, 14 F.4th 1108, 1111 (9th Cir. 2021)
- Benton ex rel. Benton v. Barnhart, 331 F.3d 1030, 1040 (9th Cir. 2003)
- Bunnell v. Sullivan, 947 F.2d 341, 345 (9th Cir. 1991) (en banc)
- Light v. Social Security Administration, 119 F.3d 789, 792 (9th Cir. 1997)
- Thomas v. Barnhart, 278 F.3d 948, 958-59 (9th Cir. 2002)
- Morgan v. Commissioner of Social Security Administration, 169 F.3d 595, 599-600 (9th Cir. 1999)
- Lingenfelter v. Astrue, 504 F.3d 1028, 1040 (9th Cir. 2007)
- Diedrich v. Berryhill, 874 F.3d 634, 643 (9th Cir. 2017)
- Hiler v. Astrue, 687 F.3d 1208, 1212 (9th Cir. 2012)
- Augustine ex rel. Ramirez v. Astrue, 536 F. Supp. 2d 1147, 1153 n.7 (C.D. Cal. 2008)

OPINION

1 2 3 4 5 6 7 8 UNITED STATES DISTRICT COURT 9 CENTRAL DISTRICT OF CALIFORNIA 10 11 MARIA T. L.,1 Case No.: 2:25-01859 ADS Plaintiff, 12 v.

MEMORANDUM OPINION AND ORDER 13 FRANK BISIGNANO,2 14 Commissioner of Social Security, 15 Defendant. 16 17 I. INTRODUCTION 18 Plaintiff Maria T. L. ("Plaintiff") challenges Frank Bisignano, Commissioner of 19 Social Security's (hereinafter "Commissioner" or "Defendant") denial of her application 20 for Disability Insurance Benefits ("DIB") under Title II of the Social Security Act.

21 1 Plaintiff's name has been partially redacted in compliance with Federal Rule of Civil 22 Procedure 5.2(c)(2)(B) and the recommendation of the Committee on Court Administration and Case Management of the Judicial Conference of the United States. 23 2 Frank Bisignano became the Commissioner of Social Security on May 7, 2025. Pursuant to Federal Rule of Civil Procedure 25(d), Frank Bisignano is substituted for 24 Leland Dudek as the defendant.

1 Plaintiff contends the Administrative Law Judge ("ALJ") erred in evaluating the medical 2 evidence, failing to provide legally sufficient reasons for rejecting Plaintiff's symptom 3 testimony, failing to include all of Plaintiff's limitations in the residual functional 4 capacity ("RFC") assessment, and improperly relying on the testimony of the vocational 5 expert ("VE").

For the reasons stated below, the Court finds that the ALJ's 6 consideration of Plaintiff's subjective symptom testimony is not supported by 7 substantial evidence. Because the Court cannot determine the impact the error had on 8 the underlying unfavorable disability determination, the Court finds remand is 9 necessary.

Accordingly, the ALJ's decision is reversed, and the case is remanded for 10 further proceedings consistent with the opinion below. 11 II. FACTS RELEVANT TO THE APPEAL 12 A review of the entire record reflects certain facts relevant to this appeal. Plaintiff 13 was born on July 7, 1966, and has past relevant work as a registered nurse. (Docket 14 ("Dkt.") No. 9, Administrative Record ("AR") 39.)

15 Plaintiff alleges that she suffers from major depression, bilateral carpal tunnel 16 syndrome, TMJ, panic attacks, pain in the back of her head, neck, shoulders, back, face, 17 jaw, and upper extremities, numbness in her hands, dry mouth, memory and 18 concentration problems, lack of energy, and fatigue. (AR 58-64, 504, 528, 532, 540.) 19 Plaintiff also alleged that she needs to take naps during the day and has difficulty with 20 lifting, using her hands to hold things, speaking, eating, and sleeping.

(AR 60-64.) 21 III. PROCEEDINGS BELOW 22 A. Procedural History 23 Plaintiff filed her application for DIB on January 21, 2021, alleging disability 24 beginning on April 27, 2018. (AR 16, 208-14.) Plaintiff's application was denied initially 1 on August 25, 2021, and upon reconsideration on January 26, 2022. (AR 204-08, 212- 2 17.) Thereafter, Plaintiff filed a written request for hearing.

(AR 225-26.) A video 3 hearing was held before an ALJ on November 17, 2023.3 (AR 49-71.) Plaintiff, 4 represented by counsel, appeared and testified at the hearing, as did a vocational expert. 5 (Id.) On March 12, 2024, the ALJ issued a decision concluding that Plaintiff was "not 6 disabled" within the meaning of the Social Security Act. (AR 16-41.)

The Appeals 7 Council denied review on January 13, 2025. (AR 1-7.) 8 Plaintiff filed this action in District Court on March 4, 2025. (Dkt. No. 1.) On 9 May 5, 2025, Defendant filed an Answer, as well as a copy of the Certified 10 Administrative Record. (Dkt. No. 9.) Plaintiff filed an Opening Brief (Dkt. No. 12) on 11 June 4, 2025, Defendant filed a Responsive Brief (Dkt.

No. 18) on September 15, 2025, 12 and Plaintiff filed a Reply (Dkt. No. 19) on September 29, 2025. The case is ready for 13 decision.4 14 B. Summary of ALJ Decision After Hearing 15 In the decision (AR 16-41), the ALJ followed the required five-step sequential 16 evaluation process to assess whether Plaintiff was disabled under the Social Security 17 Act.5 See 20 C.F.R. § 404.1520(a).

After determining that Plaintiff met the insured 18 3 A previous hearing was held before the ALJ on October 12, 2022. (AR 80-95.) 19 Plaintiff was present at the hearing but did not testify. (Id.) 4 The parties filed consents to proceed before a United States Magistrate Judge, 20 pursuant to 28 U.S.C. § 636(c), including for entry of final Judgment. (Dkt. Nos. 5 & 7.)

21 5 The ALJ follows a five-step sequential evaluation process to assess whether a claimant is disabled: Step one: Is the claimant engaging in substantial gainful activity? If so, the 22 claimant is found not disabled. If not, proceed to step two. Step two: Does the claimant have a "severe" impairment? If so, proceed to step three. If not, then a finding of not 23 disabled is appropriate.

Step three: Does the claimant's impairment or combination of impairments meet or equal an impairment listed in 20 C.F.R., Pt. 404, Subpt. P, App. 24 1? If so, the claimant is automatically determined disabled. If not, proceed to step four. 1 status requirements of the Social Security Act through December 31, 2023, the ALJ 2 found at step one that Plaintiff had not engaged in substantial gainful activity since 3 April 27, 2018, the alleged onset date.

(AR 18.) At step two, the ALJ found that 4 Plaintiff had the following severe impairments: cervical degenerative disc disease, 5 lumbar degenerative disc disease, carpal tunnel syndrome/neuropathy, depressive 6 disorder, and anxiety disorder. (Id.) At step three, the ALJ found that Plaintiff did 7 not have an impairment or combination of impairments that met or medically equaled 8 the severity of one of the listed impairments in 20 C.F.R. Part 404, Subpart P, 9 Appendix 1.

(AR 19.) 10 The ALJ found that Plaintiff had the RFC6 to perform medium work as defined in 11 20 C.F.R. § 404.1567(c), but with the following limitations: 12 [S]he could only occasionally climb; could frequently stoop, crouch, and crawl; could frequently engage in handling and

fingering of 13 objects with bilateral upper extremities; could have only occasional exposure to extreme cold; could have only occasional exposure to 14 hazards, defined as work with machinery having moving mechanical parts, use of commercial vehicles, and exposure to unprotected 15 heights; was limited to the performance of simple, routine, and repetitive tasks; should work in a low-stress job, defined as one 16 having only occasional decision making and only occasional changes in the work setting; should engage in work establishing production 17 quotas based on end-of-workday measurements, with no assembly line work; and should have only occasional interaction with the 18 public and with co-workers.

19 (AR 23.) 20 21 Step four: Is the claimant capable of performing his past work? If so, the claimant is not 22 disabled. If not, proceed to step five. Step five: Does the claimant have the residual functional capacity to perform any other work? If so, the claimant is not disabled. If 23 not, the claimant is disabled. See 20 C.F.R. § 404.1520. 6 An RFC is what a claimant can still do despite existing exertional and nonexertional 24 limitations.

See 20 C.F.R. § 404.1545(a)(1). 1 At step four, the ALJ found that through the date last insured, Plaintiff was not 2 able to perform her past relevant work as a registered nurse. (AR 39.) At step five, the 3 ALJ found that through the date last insured, considering Plaintiff's age, education, 4 work experience, and RFC, there were jobs that existed in significant numbers in the 5 national economy that Plaintiff could have performed.

(AR 40.) Accordingly, the ALJ 6 determined that Plaintiff had not been under a disability, as defined in the Social 7 Security Act, from April 27, 2018, the alleged onset date, through December 31, 2023, 8 the date last insured. (AR 41.) 9 IV. ANALYSIS 10 A. Issues on Appeal 11 Plaintiff raises four issues for review: (1) whether the ALJ erred in the evaluation 12 of the medical evidence, (2) whether the ALJ failed to provide legally sufficient reasons 13 for rejecting Plaintiff's symptom testimony, (3) whether the ALJ failed to include all of 14 Plaintiff's limitations in the RFC assessment, and (4) whether the ALJ improperly relied 15 on the VE's testimony to find that Plaintiff was capable of performing other work.

(Dkt. 16 No. 12 at 4-18.) 17 B. Standard of Review 18 A United States District Court may review the Commissioner's decision to deny 19 benefits pursuant to 42 U.S.C. § 405(g). The District Court is not a trier of the facts 20 but is confined to ascertaining by the record before it if the Commissioner's decision is 21 based upon substantial evidence. See Garrison v. Colvin, 759 F.3d 995, 1010 (9th Cir.

22 2014) (District Court's review is limited to only grounds relied upon by ALJ) (citing 23 Connett v. Barnhart, 340 F.3d 871, 874 (9th Cir. 2003)). A court must affirm an ALJ's 24 findings of fact if they are supported by substantial evidence and if the proper legal 1 standards were applied. See Mayes v. Massanari, 276 F.3d 453, 458-59 (9th Cir. 2001) 2 (as amended).

An ALJ can satisfy the substantial evidence requirement "by setting out a 3 detailed and thorough summary of the facts and conflicting clinical evidence, stating his 4 interpretation thereof, and making findings." Reddick v. Chater, 157 F.3d 715, 725 (9th 5 Cir. 1998) (citation omitted). 6 "[T]he Commissioner's decision cannot be affirmed simply by isolating a specific 7 quantum of supporting evidence.

Rather, a court must consider the record as a whole, 8 weighing both evidence that supports and evidence that detracts from the Secretary's 9 conclusion." Aukland v. Massanari, 257 F.3d 1033, 1035 (9th Cir. 2001) (citations and 10 internal quotation marks omitted). "'Where evidence is susceptible to more than one 11 rational interpretation,' the ALJ's decision should be upheld." Ryan v. Comm'r, 528 12 F.3d 1194, 1198 (9th Cir.

2008) (citing Burch v. Barnhart, 400 F.3d 676, 679 (9th Cir. 13 2005)); see also Robbins v. Soc. Sec. Admin., 466 F.3d 880, 882 (9th Cir. 2006) ("If 14 the evidence can support either affirming or reversing the ALJ's conclusion, we may not 15 substitute our judgment for that of the ALJ.").

However, the Court may review only "the 16 reasons provided by the ALJ in the disability determination and may not affirm the ALJ 17 on a ground upon which he did not rely." Orn v. Astrue, 495 F.3d 625, 630 (9th Cir. 18 2007) (citation omitted). 19 Lastly, even if an ALJ errs, the decision will be affirmed where such error is 20 harmless, that is, if it is "'inconsequential to the ultimate nondisability determination,'" 21 or if "'the agency's path may reasonably be discerned, even if the agency explains its 22 decision with less than ideal clarity.'" Brown-Hunter v. Colvin, 806 F.3d 487, 492 (9th 23 Cir.

2015) (as amended) (citation omitted); Molina v. Astrue, 674 F.3d 1104, 1115 (9th 24 1 Cir. 2012), superseded by regulation on other grounds as stated in Smith v. Kijakazi, 14 2 F.4th 1108, 1111 (9th Cir. 2021). 3 C. The ALJ Erred in Discounting Plaintiff's Symptom Testimony 4 Plaintiff contends the ALJ failed to provide clear and convincing reasons for 5 discounting her subjective symptom testimony.

(Dkt. No. 12 at 11-14.) Defendant 6 responds that the objective medical evidence, as well as the "notations of improvement 7 and ability to do daily activities" supported the ALJ's consideration of Plaintiff's 8 reported symptoms and limitations. (Dkt. No. 18 at 17.) 9 1. Legal Standard for Evaluating Plaintiff's Testimony 10 A claimant carries the burden of producing objective medical evidence of his or 11 her impairments and showing that the impairments could reasonably be expected to 12 produce some degree of the alleged symptoms.

See Benton ex rel. Benton v. Barnhart, 13 331 F.3d 1030, 1040 (9th Cir. 2003). Once the claimant meets that burden, medical 14 findings are not required to support the alleged severity of pain. See Bunnell v. 15 Sullivan, 947 F.2d 341, 345 (9th Cir. 1991) (en banc) ("an adjudicator may not reject

a 16 claimant's subjective complaints based solely on a lack of objective medical evidence to 17 fully corroborate the alleged severity of pain"); Light v. Soc.

Sec. Admin., 119 F.3d 789, 18 792 (9th Cir. 1997) (same). 19 If the claimant provides objective medical evidence of the impairments which 20 might reasonably produce the symptoms or pain alleged and there is no evidence of 21 malingering, the ALJ "may reject the claimant's testimony about the severity of those 22 symptoms only by providing specific, clear and convincing reasons for doing so." 23 Brown-Hunter, 806 F.3d at 488-89 ("we require the ALJ to specify which testimony she 24 finds not credible, and then provide clear and convincing reasons, supported by 1 evidence in the record, to support that credibility determination"); Benton, 331 F.3d at 2 1040 (explaining that after a claimant has met the burden of producing objective 3 medical evidence, an ALJ can reject the claimant's subjective complaints "only upon 4 (1) finding evidence of malingering, or (2) expressing clear and convincing reasons for 5 doing so."); see also Social Security Ruling ("SSR") 16-3p (findings "must contain 6 specific reasons for the weight given to the individual's symptoms, be consistent with 7 and supported by the evidence, and be clearly articulated so the individual and any 8 subsequent reviewer can assess how the adjudicator evaluated the individual's 9 symptoms").

10 The ALJ may consider a number of factors when weighing the claimant's 11 credibility, including: (1) his or her reputation for truthfulness; (2) inconsistencies 12 either in the claimant's testimony or between the claimant's testimony and his or her 13 conduct; (3) his or her daily activities; (4) his or her work record; and (5) testimony 14 from physicians and third parties concerning the nature, severity, and effect of the 15 symptoms of which he or she complains.

See Thomas v. Barnhart, 278 F.3d 948, 958- 16 59 (9th Cir. 2002) (citing Light, 119 F.3d at 792). "If the ALJ's credibility finding is 17 supported by substantial evidence in the record, [the court] may not engage in second- 18 guessing." Thomas, 278 F.3d at 959 (citing Morgan v. Comm'r of Soc. Sec. Admin., 19 169 F.3d 595, 600 (9th Cir. 1999)). 20 2. Analysis 21 Plaintiff alleged significant limitations due to a number of conditions.

(AR 58-64, 22 504.) For example, Plaintiff testified that she suffers from panic attacks five to ten times 23 a month, pain in the back of her head, neck, shoulders, back, face, jaw, and upper 24 extremities, numbness in her hands, dry mouth, memory and concentration problems, 1 lack of energy, and fatigue. (AR 58-64, 504, 528, 532, 540.) Plaintiff also alleged that 2 she needs to take naps during the day and has difficulty with lifting, using her hands to 3 hold things, speaking, eating, and sleeping.

(AR 58, 60-64.) The ALJ determined that 4 Plaintiff's "medically determinable impairments could reasonably be expected to cause 5 the symptoms." (AR 30.) The ALJ then concluded that Plaintiff's "allegations 6 concerning the intensity, persistence and limiting effects of these

symptoms [were] not 7 entirely consistent with the medical evidence and other evidence in the record." (Id.)

8 The ALJ did not find evidence of malingering. 9 Plaintiff argues that while "the ALJ summarized the medical evidence, even 10 noting multiple objective findings," the ALJ impermissibly discounted Plaintiff's 11 testimony based on "some normal findings." (Dkt. No. 12 at 13.) Plaintiff asserts that 12 "[t]he lack of specificity in the ALJ's rationale for rejecting [Plaintiff's] assertions 13 regarding the intensity of [her] pain and other symptoms does not meet the clear and 14 convincing standard required." (Id. at 15.)

The Court agrees with Plaintiff. 15 Although the ALJ provided a detailed summary of the medical record, noting 16 both normal and abnormal findings (AR 25-33), it is not sufficient for an ALJ simply to 17 summarize the medical evidence at issue in the case and make a generalized statement 18 that the record undermines the claimant's testimony. See Lambert v. Saul, 980 F.3d 19 1266, 1278 (9th Cir.

2020) ("Although the ALJ did provide a relatively detailed overview 20 of Lambert's medical history, 'providing a summary of medical evidence... is not the 21 same as providing clear and convincing reasons for finding the claimant's symptom 22 testimony not credible.'" (quoting Brown-Hunter, 806 F.3d at 494)).

The ALJ did not 23 identify the specific portions of Plaintiff's testimony that were being rejected or explain 24 why particular parts of the medical record were inconsistent with Plaintiff's testimony. 1 See Brown-Hunter, 806 F.3d at 494-95 ("We cannot review whether the ALJ provided 2 specific, clear, and convincing reasons for rejecting [the claimant's] pain testimony 3 where, as here, the ALJ never identified which testimony she found not credible, and 4 never explained which evidence contradicted that testimony." (emphasis in original)); 5 Lambert, 980 F.3d at 1277 ("[O]ur precedents plainly required the ALJ to do more than 6 was done here, which consisted of offering non-specific conclusions that Lambert's 7 testimony was inconsistent with her medical treatment.").

Instead, with regard to 8 Plaintiff's asserted physical limitations, the ALJ cited various "negative," "normal" or 9 "mild" MRIs, test results, and findings on examination but also acknowledged 10 significant abnormal findings (e.g., tenderness in the lumbar spine, thoracic spine, 11 cervical spine, sciatic nerves, sacroiliac joints bilaterally, wrists, interphalangeal joints of 12 the hand, and elbows, reduced flexion in the cervical and lumbar spine, positive straight 13 leg raising test on the right, positive Tinel's sign bilaterally, decreased sensibility of the 14 thumbs and index fingers, and disc bulging and multilevel degenerative disc changes in 15 the cervical spine, and disc bulging and protrusion in the lumbar spine).

(AR 25-27, 31- 16 32.) As for Plaintiff's alleged mental issues, the ALJ cited normal mental status 17 examination findings and reports that Plaintiff's symptoms improved with treatment 18 but also noted that some of Plaintiff's mental status examinations revealed 19 abnormalities in mood, speech, cognitive functioning, and thought processes, as well as 20 defects in concentration, attention, and memory.

(AR 27-30, 32-33.) The connection 21 between the evidence cited and the ALJ's conclusion that Plaintiff was not "as limited as 22 she has alleged" is not clear. (AR 25.) Because the ALJ did not identify, with any 23 specificity, the parts of Plaintiff's testimony that were contradicted by the medical 24 1 evidence, the ALJ failed to meet the clear and convincing standard.

See Brown- 2 Hunter, 806 F.3d at 494. 3 The Commissioner points to additional evidence in the record to demonstrate 4 that the ALJ's consideration of Plaintiff's credibility was warranted. (Dkt. No. 18 at 17- 5 18.)

The Commissioner notes: "[i]n discussing Plaintiff's mental impairments, the ALJ 6 also referenced improvement in symptoms with psychotherapy and increased activities 7 of daily living." (Id. at 17); see Morgan v. Comm'r of Soc. Sec. Admin., 169 F.3d 595, 8 599-600 (9th Cir. 1999) (finding improvement with treatment may undermine a 9 claimant's testimony); see also Lingenfelter v. Astrue, 504 F.3d 1028, 1040 (9th Cir.

10 2007) (explaining that an ALJ may discount a claimant's subjective complaints when 11 daily activities demonstrate an inconsistency between what the claimant can do and the 12 degree that disability is alleged). The ALJ, however, did not link Plaintiff's daily 13 activities or improvement in symptoms to a specific portion of Plaintiff's testimony to 14 enable the Court to evaluate whether the evidence provides a clear and convincing 15 reason for discounting Plaintiff's testimony.

See Brown-Hunter, 806 F.3d at 494-95. 16 Rather, the ALJ simply summarized the medical records which is not sufficient. (AR 17 28-30, 32-33, 608-725, 1486-89); see Brown-Hunter, 806 F.3d at 494. 18 Moreover, the fact that Plaintiff "could participate in some daily activities does 19 not contradict the evidence of otherwise severe problems" that she experienced in her 20 daily life during the relevant period.

See Diedrich v. Berryhill, 874 F.3d 634, 643 (9th 21 Cir. 2017); see also Garrison, 759 F.3d at 1017 ("Cycles of improvement and 22 debilitating symptoms are a common occurrence, and in such circumstances it is error 23 for an ALJ to pick out a few isolated instances of improvement over a period of months 24 or years and to treat them as a basis for concluding a claimant is capable of working.").

1 In January 2020, Plaintiff's psychiatrist reported that despite improvement, Plaintiff 2 "remained symptomatic with residuals requiring further treatment to address her 3 continuing symptoms of

depression, anxiety and panic," as well as "stress-intensified" 4 physical symptoms. (AR 626.) Plaintiff's psychological test results were described as 5 "massively abnormal." (AR 628.)

In May 2021, Plaintiff's psychiatrist noted that 6 despite "the input of treatment, there has been the persistence of significant emotional 7 complications," Plaintiff "remained symptomatic," and her "psychological test results 8 were highly abnormal." (AR 991, 994.)

In June 2023, Plaintiff's psychiatrist opined 9 that Plaintiff required "further treatment to address her continuing symptoms of 10 depression, panic, and anxiety" and "[t]here were also continued stress-intensified 11 medical symptoms." (AR 1487.)

Thus, considering the medical record in its entirety, 12 Plaintiff's reported improvement in symptoms and daily activities do not constitute 13 clear and convincing reasons for discounting Plaintiff's subjective symptom testimony. 14 See Garrison, 759 F.3d at 1017. 15 D. Remand For Further Administrative Proceedings 16 The Court finds the ALJ failed to provide legally sufficient reasons, supported by 17 substantial evidence, for discounting Plaintiff's subjective symptom testimony.

18 Remand for further administrative proceedings, rather than an award of benefits, is 19 warranted here, as further administrative review could remedy the ALJ's error. See 20 Brown-Hunter, 806 F.3d at 495 (remanding for an award of benefits is appropriate in 21 rare circumstances).

As it is unclear whether Plaintiff is in fact disabled, remand is on 22 an "open record." Id. at 496 ("We may remand on an open record for further 23 proceedings 'when the record as a whole creates serious doubt as to whether the 24 1 claimant is, in fact, disabled within the meaning of the Social Security Act.'" (quoting 2 Garrison, 759 F.3d at 1021)). 3 E. Plaintiff's Remaining Arguments 4 Given that remand is warranted, the Court declines to address Plaintiff's 5 remaining arguments.

Those issues, if necessary, may be addressed on remand. See 6 Hiler v. Astrue, 687 F.3d 1208, 1212 (9th Cir. 2012) ("Because we remand the case to the 7 ALJ for the reasons stated, we decline to reach [plaintiff's] alternative ground for 8 remand."); Augustine ex rel. Ramirez v. Astrue, 536 F. Supp. 2d 1147, 1153 n.7 (C.D. 9 Cal. 2008) ("[The] Court need not address the other claims plaintiff raises, none of 10 which would provide plaintiff with any further relief than granted, and all of which can 11 be addressed on remand.").

12 V. CONCLUSION 13 The decision of the Commissioner denying benefits is hereby reversed and the 14 matter is remanded for further proceedings consistent with this Order. Judgment shall 15 be entered accordingly. 16 17 DATED: January 5, 2026 18 _____/s/ Autumn D. Spaeth_____ THE HONORABLE Autumn D. Spaeth 19 United States Magistrate Judge 20 21 22 23 24