UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF CALIFORNIA

Lauren R. v. Frank Bisignano, Commissioner of Social Security

Lauren R. · No. 24-cv-2210-RSH-JLB · Decided August 15, 2025

SUMMARY

The United States District Court for the Southern District of California reviewed the denial of Lauren R.'s applications for Social Security disability insurance benefits and supplemental security income. The court vacated the Commissioner's decision and remanded for further administrative proceedings because the ALJ did not sufficiently explain the treatment of Plaintiff's subjective testimony and potentially also needed to reassess a nurse practitioner's medical opinion.

CASE DETAILS

COURT	United States District Court for the Southern District of California
WRITING FOR THE COURT	Robert S. Huie
JURISDICTION	United States District Court for the Southern District of California
DECIDED	August 15, 2025
DOCKET	24-cv-2210-RSH-JLB
DISPOSITION	reversed_and_remanded
PROCEDURAL POSTURE	Action for judicial review of the Commissioner's denial of applications for disability insurance benefits and supplemental security income under Titles II and XVI of the Social Security Act.
STANDARD OF REVIEW	The Commissioner's decision is reviewed for substantial evidence and legal error. The court must consider the entire administrative record, may not affirm on grounds not relied on by the ALJ, and must uphold the ALJ's conclusion where the evidence is susceptible to more than one rational interpretation, subject to harmless-error principles.
PRECEDENTIAL VALUE	Unknown
PARTIES	Lauren R. v. Frank Bisignano, Commissioner of Social Security

TOPICS

judicial review of agency action · agency adjudication · administrative law · remedies

PRACTICE AREAS

Social Security disability | administrative law | federal civil procedure

QUESTIONS PRESENTED

1. Whether the ALJ provided sufficiently specific, clear, and convincing reasons for discounting Plaintiff's subjective symptom testimony.
2. Whether the ALJ adequately explained the finding that nurse practitioner Shannon Baker's medical questionnaire was inconsistent with the medical and other evidence.
3. Whether the Commissioner's denial of benefits should be affirmed, modified, reversed, or remanded under 42 U.S.C. § 405(g).

HOLDINGS

1. The ALJ's decision did not identify with sufficient detail what portions of Plaintiff's testimony were credited and what portions were undermined by the evidence, and its explanation of the alleged inconsistency with the medical record was too unclear to permit effective judicial review.
2. The court did not decide whether the ALJ's evaluation of Baker's opinion independently required remand, but directed that the ALJ may re-address the opinion on remand.

KEY QUOTATIONS

> *"This analysis is not before the Court."* (at 6)

> *"Under these circumstances, the Court determines that the ALJ's Decision fails to identify in sufficient detail "what testimony is credible and what testimony undermines the claimant's complaints," Greger, 464 F.3d at 972, and concludes that the rationale contained in the ALJ's Decision is not "clear enough that it has the power to convince." Smartt, 53 F.4th at 499."* (at 7)

> *"For the foregoing reasons, the Court VACATES the ALJ's Decision of June 21, 2024, and REMANDS the action for further administrative proceedings pursuant to sentence four of 42 U.S.C. § 405(g)."* (at 11)

FACTUAL BACKGROUND

Plaintiff alleged disability based primarily on spinal and cardiovascular impairments, including chronic ischemic heart disease, degenerative disc disease, and tachycardia. The ALJ found that she had the residual functional capacity for light work with postural limitations and could perform past relevant work or, alternatively, other work existing in significant numbers. The ALJ discounted portions of Plaintiff's subjective symptom testimony and found a nurse practitioner's restrictive functional assessment unpersuasive.

PROCEDURAL HISTORY

Plaintiff applied for disability benefits, was denied initially and on reconsideration, received an administrative hearing, and was found not disabled by an ALJ. The Appeals Council denied review, making the ALJ's decision the Commissioner's final decision. Plaintiff then filed this action under 42 U.S.C. §§ 405(g) and 1383(c)(3).

DISPOSITION

reversed_and_remanded

REMAND INSTRUCTIONS

The court vacated the ALJ's June 21, 2024 decision and remanded pursuant to sentence four of 42 U.S.C. § 405(g) for further administrative proceedings. On remand, the ALJ may re-address Shannon Baker's medical opinion.

CASES CITED

- Smith v. Berryhill, 139 S. Ct. 1765, 1772 (2019)
- Valentine v. Comm'r Soc. Sec. Admin., 574 F.3d 685, 689 (9th Cir. 2009)
- Bustamante v. Massanari, 262 F.3d 949, 953-54 (9th Cir. 2001)
- Woods v. Kijakazi, 32 F.4th 785, 788, 791-92 (9th Cir. 2022)
- Luther v. Berryhill, 891 F.3d 872, 875 (9th Cir. 2018)
- Biestek v. Berryhill, 587 U.S. 97, 102-03 (2019)
- Kitchen v. Kijakazi, 82 F.4th 732, 738-39 (9th Cir. 2023)
- Burch v. Barnhart, 400 F.3d 676, 679-80 (9th Cir. 2005)
- Garrison v. Colvin, 759 F.3d 995, 1009-10 (9th Cir. 2014)
- Ferguson v. O'Malley, 95 F.4th 1194, 1203 (9th Cir. 2024)
- Garcia v. Comm'r of Soc. Sec., 768 F.3d 925, 929 (9th Cir. 2014)
- Tommasetti v. Astrue, 533 F.3d 1035, 1038 (9th Cir. 2008)
- Smartt v. Kijakazi, 53 F.4th 489, 494, 498-99 (9th Cir. 2022)
- Carmickle v. Comm'r, Soc. Sec. Admin., 533 F.3d 1155, 1161 (9th Cir. 2008)
- Greger v. Barnhart, 464 F.3d 968, 972 (9th Cir. 2006)
- Treichler v. Comm'r of Soc. Sec. Admin., 775 F.3d 1090, 1099 (9th Cir. 2014)

OPINION

Reed v. King

PER CURIAM.

1 2 3 4 5 6 7

8 UNITED STATES DISTRICT COURT

9 SOUTHERN DISTRICT OF CALIFORNIA

10 11 LAUREN R.,1 Case No.: 24-cv-2210-RSH-JLB 12 Plaintiff, ORDER VACATING DECISION OF

13 COMMISSIONER AND REMANDING

v. FOR FURTHER PROCEEDINGS

14 FRANK BISIGNANO, Commissioner of 15 Social Security,2 16 Defendant. 17 18 Plaintiff

Lauren R. brings this action for judicial review of the denial, by the 19 Commissioner of Social Security (the "Commissioner"), of her applications for disability 20 insurance benefits and supplemental security income pursuant to Titles II and XVI of the 21 Social Security Act. The Parties have fully briefed the merits. ECF Nos. 11, 13, 14. As set 22 23 24 1 In accordance with Civil Local Rule 7.1(e)(6)(b), the Court refers to Plaintiff by 25 using her first name and last initial. 26 2 Frank Bisignano became Commissioner of Social Security on May 7, 2025. Pursuant to Rule 25(d) of the Federal Rules of Civil Procedure, the Court substitutes Mr. Bisignano 27 1 forth below, the Court vacates the decision of the Commissioner and remands the matter 2 for further administrative proceedings pursuant to sentence four of 42 U.S.C. § 405(g).

3 I. PROCEDURAL HISTORY

4 On August 26, 2022, Plaintiff filed her applications for disability insurance benefits. 5 Administrative Record ("AR") at 213-27. The State agency responsible for evaluating 6 disability claims on the Social Security Administration's behalf determined that Plaintiff 7 was not disabled upon initial review and on reconsideration. AR 68-69, 114-15. Thereafter, 8 Plaintiff requested a hearing before an Administrative Law Judge ("ALJ"). AR 160. On

9 April 25, 2024, an ALJ held a hearing at which Plaintiff and a vocational expert testified.

10 AR 39-67. 11 On June 21, 2024, the ALJ issued a decision (the "ALJ's Decision") finding that 12 Plaintiff was not disabled. AR 19-33. The ALJ's Decision became the final decision of the 13 Commissioner when the Appeals Council denied Plaintiff's request for review on October 14 23, 2024. AR 1-3. 15 On November 27, 2024, Plaintiff filed a complaint in this Court seeking judicial 16 review of the Commissioner's decision under 42 U.S.C. §§ 405(g) and 1383(c)(3). ECF

17 No. 1.

18 II. THE ALJ'S DECISION

19 The Social Security Act provides disability benefits under two programs, known by 20 their statutory headings as Title II and Title XVI. Title II "provides old-age, survivor, and 21 disability benefits to insured individuals irrespective of financial need" and Title XVI 22 "provides supplemental security income benefits to financially needy individuals who are 23 aged, blind, or disabled regardless of their insured status." Smith v. Berryhill, 139 S. Ct. 24 1765, 1772 (2019) (quotations omitted). "To establish eligibility for Social Security 25 disability benefits, a claimant has the burden to prove he is disabled." Valentine v. Comm'r 26 Soc. Sec. Admin., 574 F.3d 685, 689 (9th Cir. 2009). 27 1 Federal regulations provide the following five-step procedure for determining 2 disability: 3 (i) At the first step, we consider your work activity, if any. If you are doing substantial gainful activity, we will find that you are not disabled. 4 5 (ii) At the second step, we consider the medical severity of your impairment(s). If you do not have a severe medically determinable 6 physical or mental impairment that meets the duration requirement in § 7 404.1509, or a combination of impairments that is severe and meets the duration requirement, we will find that you are not disabled. 8 9 (iii) At the third step, we also consider the medical severity of your impairment(s). If you have an impairment(s) that meets or equals one 10 of our listings in

appendix 1 of this subpart and meets the duration 11 requirement, we will find that you are disabled. 12 (iv) At the fourth step, we consider our assessment of your residual 13 functional capacity and your past relevant work. If you can still do your past relevant work, we will find that you are not disabled. 14 15 (v) At the fifth and last step, we consider our assessment of your residual functional capacity and your age, education, and work 16 experience to see if you can make an adjustment to other work. If you 17 can make an adjustment to other work, we will find that you are not disabled. If you cannot make an adjustment to other work, we will find 18 that you are disabled. 19 20 C.F.R. § 404.1520(a)(4)(i)-(v). 20 An ALJ evaluates each step in order unless and until a finding of disability or non- 21 disability is made. Id. "The claimant has the burden of proof for steps one through four, 22 and the Commissioner has the burden of proof for step five." Bustamante v. Massanari, 23 262 F.3d 949, 953-54 (9th Cir. 2001). 24 The ALJ's Decision, applying the five-step procedure, determined that Plaintiff was 25 not disabled as defined in the Social Security Act. AR at 19-33. At step one, the ALJ found 26 that Plaintiff had not engaged in substantial gainful activity since September 30, 2020, the 27 1 alleged onset date. AR 24. At step two, the ALJ found that Plaintiff had the following 2 severe impairments: chronic ischemic heart disease, degenerative disc disease, and 3 tachycardia. AR 25. At step three, the ALJ found that the severity of Plaintiff's mental 4 impairments, considered singly and in combination, did not meet or medically equal the 5 severity of the listed impairments in 20 C.F.R. Part 404, Subpart P, Appendix 1. AR 26. 6 The ALJ then made the following determination of Plaintiff's residual functional capacity 7 ("RFC"): 8 After careful consideration of the entire record, the undersigned finds that the claimant has the residual functional capacity to perform light 9 work as defined in 20 CFR 404.1567(b) and 416.967(b) except the 10 claimant can lift and/or carry the claimant can lift and/or carry 20 pounds occasionally and 10 pounds frequently; she can stand and/or 11 walk 6 hours in an 8-hour workday and sit for 6 hours in an 8-hour 12 workday; and she can occasionally climb ladders, ropes, or scaffolds, ramps or stairs, stoop, balance, kneel, crouch, and crawl. 13 14 AR 26-27. At step four, the ALJ determined that Plaintiff is capable of performing her past 15 relevant work as a companion, hypnotherapist, laundry folder, and sales representative in 16 education services. AR 30. The ALJ concluded that this work does not require the 17 performance of work-related activities precluded by Plaintiff's RFC. AR 30. The ALJ went 18 on to reach the fifth step as an alternative holding, and considered that testimony of the 19 vocational expert that Plaintiff could perform the requirements of representative 20 occupations such as marker, assembler II of small products, and housekeeper cleaner. AR 21 32. The ALJ concluded that "considering the claimant's age, education, work experience, 22 and residual functional capacity, the claimant is capable of making a successful adjustment 23 to other work that exists in significant numbers in the national economy." AR 32.

24 III. LEGAL STANDARD

25 Pursuant to 42 U.S.C. § 405(g), this Court has authority to review the 26 Commissioner's decision to deny benefits. The Commissioner's decision will be disturbed 27 only if "it is either

not supported by substantial evidence or is based upon legal error." 1 Woods v. Kijakazi, 32 F.4th 785, 788 (9th Cir. 2022) (quoting Luther v. Berryhill, 891 F.3d 2 872, 875 (9th Cir. 2018)). 3 The substantial evidence standard requires a reviewing court to "look to the existing 4 administrative record and ask whether it contains sufficient evidence to support the 5 agency's factual determinations." Id. (citing Biestek v. Berryhill, 587 U.S. 97, 102 (2019)) 6 (cleaned up). Substantial evidence means "more than a mere scintilla" but only "such 7 relevant evidence as a reasonable mind might accept as adequate to support a conclusion." 8 Biestek, 587 U.S. at 103 (citations omitted). "Overall, the standard of review is highly 9 deferential." Kitchen v. Kijakazi, 82 F.4th 732, 738 (9th Cir. 2023) (citation omitted). Thus, 10 "[w]here evidence is susceptible to more than one rational interpretation, it is the ALJ's 11 conclusion that must be upheld." Woods, 32 F.4th at 788 (quoting Burch v. Barnhart, 400 12 F.3d 676, 679 (9th Cir. 2005)). 13 A reviewing court "must consider the entire record as a whole, weighing both the 14 evidence that supports and the evidence that detracts from the Commissioner's conclusion, 15 and may not affirm simply by isolating a specific quantum of supporting evidence." 16 Garrison v. Colvin, 759 F.3d 995, 1009 (9th Cir. 2014) (quoting Lingenfelter v. Astrue, 17 504 F.3d 1028, 1035 (9th Cir. 2007)). The ALJ is responsible for determining credibility, 18 and for resolving conflicts in medical testimony as well as any ambiguities in the record. 19 Id. The Court will "review only the reasons provided by the ALJ in the disability 20 determination and may not affirm the ALJ on a ground upon which he did not rely." Id. at 21 1010; see also Ferguson v. O'Malley, 95 F.4th 1194, 1203 (9th Cir. 2024) ("[C]ourts can 22 consider only the reasons the ALJ asserts.") (internal quotation marks and citation omitted). 23 A court may also reverse the Commissioner's denial of benefits if the denial is based 24 on legal error. Garcia v. Comm'r of Soc. Sec., 768 F.3d 925, 929 (9th Cir. 2014). However, 25 even if the Court finds the ALJ committed legal error, a court may not reverse an ALJ's 26 decision if the error is harmless, "which exists when it is clear from the record that the 27 ALJ's error was inconsequential to the ultimate nondisability determination." Id. at 929 1 (quoting Tommasetti v. Astrue, 533 F.3d 1035, 1038 (9th Cir. 2008)). Section 405(g) 2 permits a court to enter judgment affirming, modifying, or reversing the Commissioner's 3 decision, or to remand the matter to the Social Security Administration for further 4 proceedings. 42 U.S.C. § 405(g).

5 IV. ANALYSIS

6 Plaintiff contends that (1) "the ALJ failed to provide specific, clear, and convincing 7 reasons for discounting Plaintiff's allegations of pain and physical dysfunction"; and (2) 8 "the ALJ failed to properly evaluate the treating medical source opinion of Plaintiff's 9 primary care provider, Shannon Baker, NP." ECF No. 11 at 2, 10. The Court addresses 10 these contentions in turn. 11 A. Plaintiff's Testimony 12 "When objective medical evidence is inconsistent with a claimant's subjective 13 testimony, an ALJ can reject the claimant's testimony about the severity of [her] symptoms 14 only by offering specific, clear, and convincing reasons for doing so." Kitchen v. Kijakazi, 15 82 F.4th 732, 739 (9th Cir. 2023) (quoting Smartt v. Kijakazi, 53 F.4th 489, 494 (9th

Cir. 16 2022)). An ALJ is not "required to believe every allegation of disabling pain, or else 17 disability benefits would be available for the asking, a result plainly contrary to the Social 18 Security Act." Smartt v. Kijakazi, 53 F.4th 489, 499 (9th Cir. 2022) (cleaned up). "When 19 objective medical evidence in the record is inconsistent with the claimant's subjective 20 testimony, the ALJ may indeed weigh it as undercutting such testimony." Id. at 498. 21 Indeed, "[c]ontradiction with the medical record is a sufficient basis for rejecting the 22 claimant's subjective testimony." Id. at 499 (quoting Carmickle v. Comm'r, Soc. Sec. 23 Admin., 533 F.3d 1155, 1161 (9th Cir. 2008)). However, an ALJ "may not reject a 24 claimant's subjective complaints based solely on a lack of medical evidence." Burch v. 25 Barnhart, 400 F.3d 676, 680 (9th Cir. 2005). An ALJ must identify "what testimony is 26 credible and what testimony undermines the claimant's complaints." Greger v. Barnhart, 27 464 F.3d 968, 972 (9th Cir. 2006). "The standard isn't whether [the] court is convinced, 1 but instead whether the ALJ's rationale is clear enough that it has the power to convince." 2 Smartt, 53 F.4th at 499. 3 Here, the ALJ summarized Plaintiff's testimony regarding her symptoms and their 4 limiting effects, and also summarized an Exertional Activities Questionnaire that she 5 completed. AR 28. The ALJ determined that Plaintiff's "statements concerning the 6 intensity, persistence and limiting effects of these symptoms are not entirely consistent 7 with the medical evidence and other evidence in the record." AR 28. The ALJ carefully 8 reviewed medical records, before concluding as follows: 9 Altogether, the medical evidence of record and objective evidence show that the claimant was stable with conservative treatment of 10 acupuncture, chiropractic therapy, and medications. The medical 11 records do show the claimant has physical impairments, related to her spine and cardiovascular systems; however, they do not support the 12 claimant's allegations that she could not lift more than 2 pounds, be on 13 her feet for no more than 10 minutes at a time; she said she can do simple tasks, such as meal prepping, for up to 15 minutes at a time. She 14 said she could sit up to 15 minutes at a time. She can do short walks, 15 that is about a circumference of a soccer field without stopping. 16 Nevertheless, the undersigned took into consideration the claimant's 17 subjective [sic] including shooting and burning pain that occurs whether she is standing, sitting, or walking. She also mentioned that 18 with her rapid heart rate, it causes her to become dizzy and black out; 19 she described it feeling like a heart attack, fatigue, and brain fog. She also mentioned her extremities, such as her feet and hands have turned 20 purple and cold to the touch. Therefore, the undersigned finds it 21 reasonable to limit the claimant to the light exertional level reflective of those not to exacerbate her heart or her musculoskeletal systems. 22 23 AR 29-30. 24 The foregoing passage reflects that the ALJ credited or took into consideration 25 certain portions of Plaintiff's testimony, but declined to credit other portions of her 26 testimony. However, this Court finds it difficult to exercise effective review of the ALJ's 27 rationale, for two reasons. First, although it seems clear that the ALJ did not credit 1 Plaintiff's testimony "that she could not lift more than 2 pounds" or "be on her feet for 2 more than ten minutes at a time," it is unclear whether the ALJ meant to indicate that he 3 did—or did not—credit the remaining portions of

Plaintiff's testimony mentioned in that 4 paragraph: "she said she can do simple tasks, such as meal prepping, for up to 15 minutes 5 at a time. She said she could sit up to 15 minutes at a time. She can do short walks, that is 6 about a circumference of a soccer field without stopping." AR 29. 7 Second, to the extent the ALJ concluded that those portions of Plaintiff's testimony 8 were "not entirely consistent with the medical evidence and other evidence in the record" 9 [AR 288], the Court has difficulty discerning from the ALJ's Decision the nature of the 10 inconsistency. Reviewing the ALJ's explanation of the medical evidence, the Court cannot 11 determine whether the ALJ concluded that evidence contradicted Plaintiff's testimony, or 12 simply that it failed to affirmatively corroborate that testimony. As reprised by the ALJ, 13 none of the medical records appear to expressly contradict Plaintiff's testimony, even if 14 most or all of those records do not support the entirety of her testimony. As a middle ground 15 between directly contradicting Plaintiff's testimony and simply failing to support it, the 16 ALJ may have concluded that some portions of the medical records were in tension with, 17 cast doubt upon, or otherwise undermined some portions of Plaintiff's testimony. This 18 analysis is not before the Court. 19 Under these circumstances, the Court determines that the ALJ's Decision fails to 20 identify in sufficient detail "what testimony is credible and what testimony undermines the 21 claimant's complaints," Greger, 464 F.3d at 972, and concludes that the rationale contained 22 in the ALJ's Decision is not "clear enough that it has the power to convince." Smartt, 53 23 F.4th at 499. When an ALJ's denial of benefits is not supported by the record, district courts 24 possess discretion under 42 U.S.C. § 405(g) to remand for further proceedings or for an 25 award of benefits. Treichler v. Comm'r of Soc. Sec. Admin., 775 F.3d 1090, 1099 (9th Cir. 26 2014). Here, Plaintiff requests a remand for further proceedings. ECF No. 11 at 15. The 27 Court concludes that such remand is warranted. 1 B. Medical Questionnaire of Shannon Baker, Nurse Practitioner 2 The Administrative Record includes a two-page questionnaire completed on

3 September 8, 2022 by Shannon Baker, Nurse Practitioner. AR 543-44. The questionnaire

4 indicated, through checked boxes or filled-in blanks, that: Plaintiff was diagnosed with 5 lumbar spondylosis; Plaintiff's symptoms were "seldom" associated with impairments 6 severe enough to interfere with the attention and concentration required to perform simple 7 work-related tasks; Plaintiff would need to recline or lie down in excess of typical 8 workplace breaks; Plaintiff can walk "0-1" city blocks without rest or significant pain; 9 Plaintiff can sit or stand/walk one hour in an 8-hour workday; Plaintiff would need a "15- 10 20 min break" every hour while working; Plaintiff could use her hands and fingers 100% 11 during an 8-hour workday, but could use her arms for reaching only 75% of the day; 12 Plaintiff could "never" lift and carry fewer than 10 pounds in an 8-hour workday; and 13 Plaintiff was likely to be absent from work "more than four times a month." AR 543-44. 14 The questionnaire includes no narrative or further explanation. 15 The ALJ addressed Ms. Baker's evaluation as follows: 16 In a Physical Assessment dated September 8, 2022, Shannon Baker, a nurse practitioner, assessed functional limitations that would preclude 17 the claimant from working at the level of substantial gainful activity 18 (Ex. 6F). The

nurse practitioner did not provide an explanation for this assessment. The nurse practitioner primarily summarized the 19 claimant's subjective complaints, and diagnoses, but she did not 20 provide medically acceptable clinical or diagnostic findings to support the functional assessment. This opinion is inconsistent with the 21 objective medical evidence as a whole already discussed above in this 22 decision, which shows the claimant's physical examinations were generally within normal limits and that she was stable with conservative 23 treatment. This opinion is also inconsistent with the claimant's admitted 24 activities of daily living, which have already been described above in this decision. In addition, it is noted the nature of the claimant's 25 impairments are outside the area of nurse practitioner's specialty. 26 AR 30. 27 1 Under currently applicable federal regulations, "[t]he most important factors" that 2 the agency considers when evaluating the persuasiveness of medical opinions are 3 "supportability" and "consistency." 20 C.F.R. § 404.1520c(a); see generally Woods v. 4 Kijakazi, 32 F.4th 785, 791 (9th Cir. 2022) (describing the Social Security Administration's 5 2017 amendments, currently in force, to its rules for evaluating medical evidence). 6 "Supportability means the extent to which a medical source supports the medical opinion 7 by explaining the 'relevant ... objective medical evidence.'" Woods, 32 F.4th at 791-92 8 (quoting 20 C.F.R. § 404.1520c(c)(1)). "Consistency means the extent to which a medical 9 opinion is 'consistent ... with the evidence from other medical sources and nonmedical 10 sources in the claim.'" Id. (quoting 20 C.F.R. § 404.1520c(c)(2)). Under these regulations, 11 "an ALJ's decision, including the decision to discredit any medical opinion, must simply 12 be supported by substantial evidence." Id. at 787. 13 As to supportability, the ALJ correctly noted that Ms. Baker provided no explanation 14 for the conclusions in her questionnaire. Plaintiff contends that Ms. Baker's treatment notes 15 provide sufficient explanation of those conclusions. ECF No. 11 at 12. Plaintiff's briefing 16 does not identify which of the notes at issue are those of Ms. Baker. However, the Court 17 has reviewed those of Plaintiff's citations that appear to be Ms. Baker's notes. E.g., AR 18 524, 594, 604, 744, 750, 754, 766. None of these notes reach or undertake to explain the 19 conclusions contained in Ms. Baker's questionnaire. 20 As to consistency, however—and similar to the discussion in the previous section— 21 the ALJ's Decision lacks the level of detail needed to assess the ALJ's conclusion that Ms. 22 Baker's opinion is inconsistent with the medical evidence as a whole. The ALJ does not 23 articulate what portions of Ms. Baker's opinion are contradicted by or inconsistent with 24 what portions of the medical records. Additionally, the ALJ concluded that Ms. Baker's 25 opinion was inconsistent with Plaintiff's "admitted activities of daily living," but the Court 26 cannot discern to which admitted activities the ALJ's Decision is referring. 27 1 The Court is already remanding based on the ALJ's rejection of Plaintiffs testimony 2 ||and need not reach the question whether the ALJ's evaluation of Ms. Baker's opinion 3 || would be a separate and independent basis for remand. Nonetheless, on remand for further 4 || proceedings, the ALJ may re-address Ms. Baker's opinion as well.

5 CONCLUSION

6 For the foregoing reasons, the Court VACATES the ALJ’s Decision of June 21, 7 ||2024, and REMANDS the action for further administrative proceedings pursuant to 8 sentence four of 42 U.S.C. § 405(g).

9 IT IS SO ORDERED. ‘

10 Dated: August 15, 2025 fehnt Howe 1 Hon. Robert S. Huie United States District Judge 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 11

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