UNITED STATES DISTRICT COURT FOR THE DISTRICT OF ARIZONA

Amanda Lee Lawson v. Commissioner of Social Security Administration

No. CV-24-03149-PHX-KML (D. Ariz. Mar. 6, 2026) · No. No. CV-24-03149-PHX-KML · Decided March 9, 2026

SUMMARY

The District of Arizona adopted in part and rejected in part a magistrate judge’s recommendation concerning Amanda Lee Lawson’s challenge to the denial of Social Security Disability Insurance benefits. The court found that the ALJ erred in evaluating the treating neurologist’s opinion and Lawson’s symptom testimony, but concluded that conflicts in the medical evidence required further administrative proceedings rather than a direct award of benefits. The court vacated the ALJ’s decision, remanded for further proceedings, and directed the Clerk to enter judgment and close the case.

CASE DETAILS

COURT	United States District Court for the District of Arizona
WRITING FOR THE COURT	Krissa M. Lanham
JURISDICTION	United States District Court for the District of Arizona
DECIDED	March 9, 2026
DOCKET	No. CV-24-03149-PHX-KML
DISPOSITION	remanded
PROCEDURAL POSTURE	Judicial review of an administrative law judge's denial of Social Security Disability Insurance benefits following a magistrate judge's Report and Recommendation.
STANDARD OF REVIEW	De novo review of the magistrate judge's Report and Recommendation; judicial review of the ALJ's decision for harmful legal error and application of the Ninth Circuit's credit-as-true framework to determine the scope of remand.
PRECEDENTIAL VALUE	unpublished and nonprecedential district court order
PARTIES	Amanda Lee Lawson v. Commissioner of Social Security Administration

TOPICS

judicial review of agency action | administrative law | remedies | equitable relief

PRACTICE AREAS

social security | administrative law | civil procedure

QUESTIONS PRESENTED

1. Whether the ALJ committed harmful legal error by discounting the treating neurologist's opinion without evaluating the supportability and consistency factors.
2. Whether the ALJ improperly discounted Lawson's symptom testimony without providing specific, clear, and convincing reasons supported by substantial evidence.
3. Whether the record satisfied the Ninth Circuit's credit-as-true standard so that the case should be remanded for calculation and award of benefits rather than further administrative proceedings.

HOLDINGS

1. The ALJ committed harmful legal error by discounting Dr. Saperstein's opinion without evaluating whether it was consistent with other sources and by relying on factual descriptions contradicted by the medical record.
2. The ALJ committed harmful legal error by discounting Lawson's symptom testimony without providing specific, clear, and convincing reasons supported by substantial evidence.
3. Further administrative proceedings, rather than an immediate calculation and award of benefits, were required because the administrative record contained material conflicts concerning Lawson's work-related limitations.

KEY QUOTATIONS

> *"When this three-part analysis is satisfied, a remand for calculation of benefits is permissible. But even if permissible, "it is within the court's discretion either to make a direct award of benefits or to remand for further proceedings.""* (at 2)

> *"Nonetheless, a court should not remand for benefits unless, under step two of the credit-as-true analysis, the record is "free of conflicts.""* (at 3)

> *"It may be that the consultants' assessments are less persuasive than Dr. Saperstein's because, unlike Dr. Saperstein, they never examined Lawson in person. But on this record, resolving the conflict is a task for the ALJ."* (at 4)

FACTUAL BACKGROUND

The ALJ denied Lawson's claim for Social Security Disability Insurance benefits after evaluating the opinion of her treating neurologist, Dr. David Saperstein, and Lawson's symptom testimony. The ALJ discounted Dr. Saperstein's opinion based on an inaccurate characterization that it relied only on telemedicine visits and post-dated the last-insured date, even though the records reflected multiple in-person visits during the relevant period.

The administrative record also contained conflicting assessments from state-agency medical consultants concerning Lawson's work-related limitations.

PROCEDURAL HISTORY

An ALJ denied Lawson's application for Social Security Disability Insurance benefits. The parties agreed that the ALJ committed legal error, but disputed the appropriate scope of remand. A magistrate judge recommended remand for calculation and award of benefits. After de novo review, the district court adopted the recommendation in part, rejected it in part, vacated the ALJ's decision, and remanded for further administrative proceedings.

DISPOSITION

remanded

REMAND INSTRUCTIONS

The ALJ must conduct further administrative proceedings, including resolving the material conflict between Dr. Saperstein's assessment and the state-agency medical consultants' assessments, and reconsider Lawson's disability determination. The district court vacated the April 9, 2024 ALJ decision and directed the Clerk to enter final judgment and close the case.

CASES CITED

- Woods v. Kijakazi, 32 F.4th 785, 792 (9th Cir. 2022)
- Revels v. Berryhill, 874 F.3d 648, 655 (9th Cir. 2017)
- Leon v. Berryhill, 880 F.3d 1041, 1045–47 (9th Cir. 2017)
- Hendrix v. Comm’r, No. CV-23-01113-PHX-DLR, 2025 WL 829786, at *2–3 (D. Ariz. Mar. 17, 2025)
- Reddick v. Chater, 157 F.3d 715, 723 (9th Cir. 1998)

OPINION

1 WO 2 3 4 5 6 IN THE UNITED STATES DISTRICT COURT 7 FOR THE DISTRICT OF ARIZONA 8 9 Amanda Lee Lawson, No. CV-24-03149-PHX-KML 10 Plaintiff, ORDER 11 v. 12 Commissioner of Social Security Administration, 13 Defendant. 14 15 An administrative law judge (“ALJ”) denied plaintiff Amanda Lee Lawson’s 16 application for Social Security Disability Insurance benefits.

The parties agree that decision 17 was erroneous but disagree on the scope of the remand. A magistrate judge recommended 18 the case be remanded for an award of benefits. (Doc. 30 (“R&R”).) Having reviewed de 19 novo, the R&R is adopted in part and the case is remanded for further proceedings. 20 The parties agree the ALJ committed legal error by discounting the opinion of 21 Lawson’s treating neurologist, Dr. David Saperstein, without evaluating whether it was 22 consistent with other sources.

(Docs. 31 at 4; 32 at 2.) The parties also apparently agree the 23 ALJ committed legal error in discounting Lawson's symptom testimony without providing 24 specific, clear, and convincing reasons supported by substantial evidence. (Docs. 31 at 2; 25 32 at 2.)

The R&R correctly finds the ALJ committed harmful legal error on both grounds 26 and recommends reversal of the non-disability determination. (Doc. 30 at 6–7.) That 27 conclusion is correct and is adopted. See Woods v. Kijakazi, 32 F.4th 785, 792 (9th Cir. 28 2022) (the ALJ must explain how he "considered the supportability and consistency 1 factors" in articulating the persuasiveness of a medical opinion) (quoting 20 C.F.R. 2 § 404.1520c(b)(2)); Revels v. Berryhill, 874 F.3d 648, 655 (9th Cir.

2017) (the ALJ can 3 reject a claimant's testimony about the severity of her symptoms "only by offering specific, 4 clear and convincing reasons for doing so.") (simplified). 5 The parties' positions diverge when they reach the R&R's recommendation that the 6 case be remanded for the calculation and award of benefits. (R&R at 8–12.)

The R&R 7 correctly described the three-part credit-as-true standard the Ninth Circuit applies when 8 determining the scope of the remand. Leon v. Berryhill, 880 F.3d 1041, 1045 (9th Cir. 9 2017). Under that test, a court must first "ask whether the ALJ failed to provide legally 10 sufficient reasons for rejecting evidence, whether claimant testimony or medical opinion." 11 Id. (simplified).

Second, a court "determine[s] whether the record has been developed 12 thoroughly and is free of conflicts, ambiguities, or gaps" such that remand for further 13 proceedings would not be useful. Id. at 1046–47. And third, a court "credit[s] the 14 discredited testimony as true for the purpose of determining whether, on the record taken 15 as a whole, there is no doubt as to disability." Id. at 1045.

When this three-part analysis is 16 satisfied, a remand for calculation of benefits is permissible. But even if permissible, "it is 17 within the court's discretion either to make a direct award of benefits or to remand for 18 further proceedings." Id. 19 The first part of the credit-as-true test has been satisfied because the ALJ committed 20 harmful legal error as described above.

And if the court could skip to the third step, the 21 record as a whole after crediting Dr. Saperstein's opinion leaves only minimal doubt that 22 Lawson is disabled. It is at the second step that a remand for benefits founders, because the 23 administrative record is not "free of conflicts" such that further administrative proceedings 24 would serve no purpose.

Id. at 1046–47. 25 The commissioner argues the ALJ must resolve factual conflicts between Dr. 26 Saperstein's opinion and those of the state agency medical consultants, Drs. Coffee and 27 Hutchinson. (Doc. 31 at 4–6.) That argument is undermined by Dr. Hutchinson's failure to 28

accurately describe the medical records on which Dr. Saperstein's opinion was based—a 1 failure the ALJ carried through to his order.

See Hendrix v. Comm'r, No. CV-23-01113- 2 PHX-DLR, 2025 WL 829786, at *2–3 (D. Ariz. Mar. 17, 2025) (remanding for calculation 3 of benefits where ALJ incorrectly described medical records). Specifically, Dr. Hutchinson 4 discounted Dr. Saperstein's opinion because it was based on telemedicine visits and not 5 exam findings. (AR 90.) From that, the ALJ extrapolated that Dr. Saperstein's opinion was 6 unpersuasive because he "rendered [it] based on telehealth visits only" (AR 25) and did so 7 "after the date last insured although he states that the limitations go back to 2019" (AR 26).

8 In actuality, the medical records show Dr. Saperstein conducted multiple in-person visits 9 with Lawson, including during the disability period in 2019 (e.g. AR 921, 924, 931), and 10 only switched to telemedicine when the Covid pandemic began (AR 939). That the ALJ's 11 assessment of Dr. Saperstein's opinion was based on facts plainly contradicted by the 12 record would support a remand for benefits.

See, e.g., Reddick v. Chater, 157 F.3d 715, 13 723 (9th Cir. 1998) (remanding for award of benefits where ALJ inaccurately paraphrased 14 medical records). 15 Nonetheless, a court should not remand for benefits unless, under step two of the 16 credit-as-true analysis, the record is "free of conflicts." Leon, 880 F.3d at 1046–47.

The 17 administrative record here does contain conflicts material to the disability determination, 18 specifically between Dr. Saperstein's assessment of Lawson's work-related limitations 19 (AR 4125) and the medical consultants' assessments, which were based on medical records 20 in addition to Dr. Saperstein's (AR 73–74, 90–91). It may be that the consultants' 21 assessments are less persuasive than Dr. Saperstein's because, unlike Dr. Saperstein, they 22 never examined Lawson in person.

But on this record, resolving the conflict is a task for 23 the ALJ. 24 / 25 / 26 / 27 / 28 / 1 Accordingly, 2 IT IS ORDERED the Report and Recommendation (Doc. 30) is ADOPTED IN PART AND REJECTED IN PART. 4 IT IS FURTHER ORDERED vacating the April 9, 2024, decision of the ALJ and 5 || remanding for further administrative proceedings. 6 IT IS FURTHER ORDERED the Clerk of Court shall enter final judgment 7 || consistent with this order and close this case.

8 Dated this 6th day of March, 2026. 9 Honorable Krissa M. Lanham 12 United States District Judge 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 -4-