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OCT 29 2026

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U.S. COURT OF APPEALS

UNITED STATES COURT OF APPEALS

FOR THE NINTH CIRCUIT

ANGELA L. CASTILLO, Plaintiff - Appellant, v. FRANK BISIGNANO, Commissioner of Social Security, Defendant - Appellee.	No. 25-3347 D.C. No. 5:23-cv-05909-EJD MEMORANDUM[*]

Appeal from the United States District Court
for the Northern District of California
Edward J. Davila, District Judge, Presiding

Submitted October 27, 2026[**]
San Francisco, California

Before: CLIFTON, BYBEE, and SUNG, Circuit Judges.

Claimant Angela Castillo timely appeals the district court's decision affirming the decision of an Administrative Law Judge ("ALJ") denying her application for disability insurance benefits. We have jurisdiction under 28 U.S.C.

[*] This disposition is not appropriate for publication and is not precedent except as provided by Ninth Circuit Rule 36-3.

[**] The panel unanimously concludes this case is suitable for decision without oral argument. *See* Fed. R. App. P. 34(a)(2).

§ 1291. We review the district court de novo and may set aside the ALJ's denial of benefits "only if it is not supported by substantial evidence or if it is based on legal error." *Nadon v. Bisignano*, 145 F.4th 1133, 1336 (9th Cir. 2025). "Where the evidence is susceptible to more than one rational interpretation, the ALJ's decision must be affirmed." *Smartt v. Kijakazi*, 53 F.4th 489, 494 (9th Cir. 2022).

1. Substantial evidence supports the ALJ's decision to discount the medical opinions from Castillo's September 2022 and June 2023 examinations. Because Castillo filed her application for benefits on or after March 27, 2017, 20 C.F.R. § 416.920c governs. *See Cross v. O'Malley*, 89 F.4th 1211, 1214 (9th Cir. 2024). Under these regulations, the ALJ must consider various factors in determining how persuasive medical opinions are, and supportability and consistency are "[t]he most important factors." *Woods v. Kijakazi*, 32 F.4th 785, 791 (9th Cir. 2022). Supportability is the degree to which a medical source presents relevant "objective medical evidence and supporting explanations." 20 C.F.R. § 416.920c(c)(1). Consistency is whether a medical opinion is consistent "with the evidence from other medical sources and nonmedical sources." *Id.* § 416.920c(c)(2).

In September 2022, Castillo underwent a neurological consultative examination, which found that she had intact sensation, normal muscle tone and bulk, 5/5 power throughout, smooth "[f]inger-nose-finger, fine finger movements and rapid alternating movements" in both hands, grossly intact gait that became

unstable, difficulty hopping and balancing on her left foot, and normal reflexes. Despite these findings, the consulting physician opined that Castillo could perform less than the full range of sedentary work. The ALJ acknowledged that, while there were some abnormalities in Castillo's examination, it was largely unremarkable, such that the consulting physician's opinion was unsupported and inconsistent with other medical evidence. Additionally, as the ALJ noted, considering all the record evidence, Castillo quite consistently had normal gait, full strength, no weakness, full sensation, and minimal complaints to her providers. *See Smartt*, 53 F.4th at 495–96 (upholding the ALJ's rejection of a medical opinion where the ALJ "identified specific conflicts between [the] opinion and the clinical evidence").

The record also supports the ALJ's decision to discount a second examining physician's opinion from June 2023. In support of the opinion, the second physician cited only diagnostic imaging and subjective complaints from Castillo, without providing the details of the doctor's own examination findings. The doctor's decision to check off boxes indicating that Castillo could not meet the demands of sedentary work is thus not supported. *See Kitchen v. Kijakazi*, 82 F.4th 732, 740–41 (9th Cir. 2023) (noting that ALJs may discount medical opinions set forth in a check-box form when they contain "little to no explanation" (citing *Ford v. Saul*, 950 F.3d 1141, 1155 (9th Cir. 2020))).

Castillo argues that relapsing and remitting multiple sclerosis ("MS")

typically presents with waxing and waning symptoms, so evidence of normal symptoms is consistent with the medical opinions that the ALJ discounted. Castillo does not cite any record evidence or binding authority to support this contention. But even if true, most of the objective medical evidence indicates Castillo's symptoms were consistently normal, with largely normal gait, normal strength, normal reflexes, and normal sensation. The most remarkable of her objective exam findings were relatively mild: some numbness and occasional difficulty with tandem gait. That is inconsistent with the medical opinions concluding that Castillo could barely sit, stand, or walk. *See Nadon*, 145 F.4th at 1138 (relying on examination records to conclude that the ALJ had ample reason to reject a medical expert's inconsistent findings). The ALJ provided specific reasons for discounting these medical opinions, and Castillo has not identified objective medical evidence that the ALJ overlooked.

2. The ALJ's residual functioning capacity ("RFC") assessment adequately accounted for Castillo's vitamin B-12 deficiency. The ALJ considered Castillo's history of vitamin B-12 deficiency and found it severe at step two. But, as the ALJ acknowledged, Castillo was noncompliant with treatment, refusing to take the injections that had previously fully resolved her B-12 deficiency symptoms. *See Wellington v. Berryhill*, 878 F.3d 867, 876 (9th Cir. 2017) ("[E]vidence of medical treatment successfully relieving symptoms can undermine a claim of disability.").

Further, no medical sources opined that Castillo had work-related mental restrictions caused by her B-12 deficiency. And there is no objective medical evidence that Castillo's symptoms were particularly significant; the relevant record evidence points only to mild memory issues. Thus, substantial evidence supports that Castillo's B-12 deficiency was not sufficiently severe to functionally limit her ability to work, and the ALJ was justified in not including a corresponding limitation in the RFC.

3. Substantial evidence supports the ALJ's decision to reject aspects of Castillo's subjective symptom testimony. If a claimant has presented objective medical evidence of an underlying impairment and there is no evidence she is malingering, the ALJ must provide "specific, clear and convincing reasons" for discounting the claimant's testimony. *See Garrison v. Colvin*, 759 F.3d 995, 1014–15 (9th Cir. 2014). This standard requires that the ALJ "show [her] work" by providing a rationale "clear enough that it has the power to convince." *Smartt*, 53 F.4th at 499. The ALJ did so here.

First, the ALJ explained that Castillo's testimony conflicted with the objective medical evidence. Castillo testified she was often so weak that she could not even brush her own teeth, but objective examination findings consistently showed normal reflexes, normal strength, and mostly normal gait. "When objective medical evidence in the record is inconsistent with the claimant's subjective

testimony, the ALJ may indeed weigh it as undercutting such testimony." *Smartt*, 53 F.4th at 498 (emphasis omitted). Second, the ALJ noted that Castillo's testimony differed from her reports to treatment providers. She testified she could walk for only 10 minutes at a time, sit 10 to 15 minutes at a time, and lift half a gallon of milk. But she did not report any such difficulties walking, sitting, or lifting to her providers, and in fact expressly denied weakness and trouble walking at some appointments. The ALJ thus provided specific, clear, and convincing reasons for discounting Castillo's testimony.

4. Castillo's argument that the ALJ erred by posing an incomplete hypothetical to the vocational expert is derivative of Castillo's challenges to the ALJ's RFC assessment. Because the ALJ's assessment was supported by substantial evidence, as discussed above, this argument necessarily fails. *See Osenbrock v. Apfel*, 240 F.3d 1157, 1165 (9th Cir. 2001) (holding an ALJ's omission of an impairment from a hypothetical was proper where that impairment was not supported by substantial evidence).

AFFIRMED.