UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF ALABAMA

Christie Latonya Ellis v. Frank Bisignano, Commissioner of Social Security

Civil Action No. 1:24-00426-N (S.D. Ala. Mar. 26, 2026) · No. Civil Action No. 1:24-00426-N · Decided March 26, 2026

SUMMARY

The United States District Court for the Southern District of Alabama reviewed the Commissioner of Social Security's denial of Christie Latonya Ellis's application for disability insurance benefits under 42 U.S.C. § 405(g). The court concluded that the Commissioner's final decision was due to be reversed and remanded for further administrative proceedings.

CASE DETAILS

COURT	United States District Court for the Southern District of Alabama
WRITING FOR THE COURT	Katherine P. Nelson
JURISDICTION	United States District Court for the Southern District of Alabama
DECIDED	March 26, 2026
DOCKET	Civil Action No. 1:24-00426-N
DISPOSITION	reversed_and_remanded
PROCEDURAL POSTURE	Judicial review under sentence four of 42 U.S.C. § 405(g) of the Commissioner's final decision denying disability insurance benefits.
STANDARD OF REVIEW	The court reviews the Commissioner's factual findings for substantial evidence and reviews legal conclusions de novo. It may not reweigh evidence or substitute its judgment for the Commissioner's, but must reverse when the Commissioner fails to apply the correct law or fails to provide sufficient reasoning for meaningful judicial review.
PRECEDENTIAL VALUE	unpublished district court opinion; persuasive only
PARTIES	Christie Latonya Ellis v. Frank Bisignano, Commissioner of Social Security

TOPICS

judicial review of agency action | administrative law | ada / disability | civil procedure

PRACTICE AREAS

Social Security disability | administrative law | federal civil procedure

QUESTIONS PRESENTED

1. Whether the ALJ properly evaluated and articulated reasons for discounting Ellis's subjective complaints of pain and other symptoms.
2. Whether the ALJ's decision was supported by substantial evidence and applied the correct legal standards.
3. Whether the court should award benefits or remand for further administrative proceedings.

HOLDINGS

1. The ALJ committed reversible error by rejecting Ellis's subjective complaints based principally on the lack of supporting objective medical evidence without clearly demonstrating consideration of the regulatory factors concerning the intensity and persistence of symptoms.
2. Remand for further administrative proceedings, rather than an immediate award of benefits, was the appropriate remedy.

KEY QUOTATIONS

> *"However, because the ALJ's decision does not show, with at least some measure of clarity[,]" that his rejection of Ellis's subjective complaints was not based solely on a lack of supporting objective medical evidence, the Court cannot affirm the ALJ's decision "simply because some rationale might have supported" it."* (PageID.56-57)

> *"Accordingly, the Commissioner's final decision denying Ellis's application for benefits is due to be REVERSED, and this cause REMANDED to the Commissioner under sentence four of § 405(g) for further administrative proceedings."* (Conclusion)

FACTUAL BACKGROUND

Ellis applied for disability insurance benefits based on impairments including lumbar and cervical degenerative disc disease, peripheral neuropathy, and right-sided carpal tunnel syndrome. The ALJ found that she had the residual functional capacity for a restricted range of sedentary work and could perform her past relevant work as a receptionist. Ellis testified about radiating lower-back pain, numbness, limited standing and walking, the need for breaks, and the use of braces, a cane, insoles, and other measures to relieve her symptoms.

PROCEDURAL HISTORY

Ellis filed a Title II disability insurance benefits application on July 20, 2021. The Social Security Administration denied the application initially and on reconsideration; after a December 6, 2023 hearing, the ALJ issued an unfavorable decision on January 10, 2024. The Appeals Council denied review on October 22,

2024, making the ALJ's decision the Commissioner's final decision. Ellis sought review in the district court, which reversed and remanded for further administrative proceedings.

DISPOSITION

reversed_and_remanded

REMAND INSTRUCTIONS

On remand under sentence four of 42 U.S.C. § 405(g), the Commissioner must conduct a proper credibility or symptom evaluation considering all relevant evidence and the factors in 20 C.F.R. § 404.1529(c)(3), then reconsider the claim based on the entire record, including any affected evaluation of the medical opinions and residual functional capacity.

CASES CITED

- Bowen v. Yuckert, 482 U.S. 137, 140 (1987)
- Ingram v. Commissioner of Social Security Administration, 496 F.3d 1253, 1260, 1262 (11th Cir. 2007)
- Winschel v. Commissioner of Social Security, 631 F.3d 1176, 1178-79 (11th Cir. 2011)
- Biestek v. Berryhill, 587 U.S. 97, 102-03 (2019)
- Consolidated Edison Co. v. NLRB, 305 U.S. 197, 229 (1938)
- Richardson v. Perales, 402 U.S. 389, 401 (1971)
- Adefemi v. Ashcroft, 386 F.3d 1022, 1029 (11th Cir. 2004) (en banc)
- Bloodsworth v. Heckler, 703 F.2d 1233, 1239-40 (11th Cir. 1983)
- Doughty v. Apfel, 245 F.3d 1274, 1278 (11th Cir. 2001)
- Foote v. Chater, 67 F.3d 1553, 1561-62 (11th Cir. 1995) (per curiam)
- Wilson v. Barnhart, 284 F.3d 1219, 1225 (11th Cir. 2002) (per curiam)
- Holt v. Sullivan, 921 F.2d 1221, 1223 (11th Cir. 1991) (per curiam)
- Raper v. Commissioner of Social Security, 89 F.4th 1261, 1277 (11th Cir. 2024), cert. denied sub nom. Raper v. O'Malley, 145 S. Ct. 984 (2024)
- Dyer v. Barnhart, 395 F.3d 1206, 1210-11 (11th Cir. 2005) (per curiam)
- Todd v. Heckler, 736 F.2d 641, 642 (11th Cir. 1984) (per curiam)
- Davis v. Shalala, 985 F.2d 528, 534 (11th Cir. 1993)
- INS v. Orlando Ventura, 537 U.S. 12, 16 (2002)
- McDaniel v. Bowen, 800 F.2d 1026, 1032 (11th Cir. 1986)
- MacGregor v. Bowen, 786 F.2d 1050, 1054 (11th Cir. 1986)
- Shalala v. Schaefer, 509 U.S. 292 (1993)