

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MARYLAND

Danielle W. v. Frank Bisignano, Commissioner, Social Security Administration

Danielle W. v. Bisignano, Civil No. 24-3516-DRM (D. Md. Mar. 6, 2026) · No. Civil No. 24-3516-DRM · Decided March 6, 2026

SUMMARY

The United States District Court for the District of Maryland reviews the denial of Danielle W.'s applications for Disability Insurance Benefits and Supplemental Security Income. The court holds that the Administrative Law Judge improperly relied on objective medical findings to discount subjective symptoms associated with major depressive disorder, contrary to Fourth Circuit precedent. The court reverses the Commissioner's decision and remands the case for further proceedings under sentence four of 42 U.S.C. § 405(g).

CASE DETAILS

COURT	United States District Court for the District of Maryland
WRITING FOR THE COURT	Douglas R. Miller
JURISDICTION	United States District Court for the District of Maryland
DECIDED	March 6, 2026
DOCKET	Civil No. 24-3516-DRM
DISPOSITION	reversed_and_remanded
PROCEDURAL POSTURE	Plaintiff sought judicial review under 42 U.S.C. § 405(g) of the Commissioner's final decision denying her applications for Disability Insurance Benefits and Supplemental Security Income. The parties consented to referral to a United States magistrate judge, and the court reviewed the administrative record and briefs without a hearing.
STANDARD OF REVIEW	The court reviews whether the ALJ's factual findings are supported by substantial evidence and whether the ALJ applied the correct legal standards. Substantial evidence is evidence that a reasoning mind would accept as sufficient to support a conclusion; it is more than a mere scintilla but may be less than a preponderance.
PRECEDENTIAL VALUE	unpublished or nonprecedential district court memorandum opinion

PARTIES

Danielle W. v. Frank Bisignano, Commissioner, Social Security Administration

TOPICS

judicial review of agency action

agency adjudication

administrative law

disability definition

PRACTICE AREAS

Social Security disability

administrative law

judicial review of agency action

QUESTIONS PRESENTED

1. Whether the ALJ improperly evaluated Plaintiff's subjective complaints by relying on objective medical evidence to discount symptoms of major depressive disorder.
2. Whether the ALJ's evaluation of Plaintiff's symptoms and resulting residual functional capacity determination was supported by substantial evidence and complied with governing Fourth Circuit precedent.

HOLDINGS

1. An ALJ may not rely on objective medical evidence, even as one factor among several, to discount a claimant's subjective complaints regarding symptoms of chronic depression or major depressive disorder.
2. The ALJ's decision was not supported by substantial evidence because the ALJ improperly increased Plaintiff's burden of proof by effectively requiring objective medical validation of subjective statements concerning her depressive symptoms.

KEY QUOTATIONS

"we join those circuits by holding that ALJs may not rely on objective medical evidence (or the lack thereof)—even as just one of multiple factors—to discount a claimant's subjective complaints regarding symptoms of fibromyalgia or some other disease that does not produce such evidence." (5)

"Because the ALJ improperly increased Plaintiff's burden of proof, in effectively requiring that subjective statements be validated by objective medical evidence, the Court must find error." (6)

"Thus, the Court is unable to find that the ALJ's determination is supported by substantial evidence and finds that remand is required." (6)

FACTUAL BACKGROUND

Plaintiff applied for Disability Insurance Benefits and Supplemental Security Income, alleging disability based primarily on psychiatric impairments, including major depressive disorder, post-traumatic stress disorder, obsessive-compulsive disorder, generalized anxiety disorder, bipolar disorder, and gender dysphoria. The ALJ found that Plaintiff had severe impairments but retained the residual functional capacity for work with nonexertional limitations and could perform jobs existing in significant numbers in the national economy. In

evaluating Plaintiff's subjective symptoms, the ALJ relied in part on clinical observations such as normal attention and concentration, appropriate affect, and decreased suicidal ideation.

PROCEDURAL HISTORY

Plaintiff filed Title II and Title XVI benefits applications in March 2021. The claims were denied initially and on reconsideration. Following a March 27, 2024 hearing, an administrative law judge found Plaintiff not disabled on May 6, 2024. The Appeals Council denied review, making the ALJ's decision the Commissioner's final decision. The district court reversed and remanded under sentence four of 42 U.S.C. § 405(g).

DISPOSITION

reversed_and_remanded

REMAND INSTRUCTIONS

The case was remanded for further proceedings and further review consistent with the opinion, including reevaluation of Plaintiff's subjective statements and the residual functional capacity determination without relying improperly on objective medical evidence to discount symptoms of major depressive disorder.

CASES CITED

- Craig v. Chater, 76 F.3d 585, 589, 594-95 (4th Cir. 1996)
- Sims v. Apfel, 530 U.S. 103, 106-07 (2000)
- Kiser v. Saul, 821 F. App'x 211, 212 (4th Cir. 2020)
- Hancock v. Astrue, 667 F.3d 470, 472 (4th Cir. 2012)
- Coffman v. Bowen, 829 F.2d 514, 517 (4th Cir. 1987)
- Laws v. Celebrezze, 368 F.2d 640, 642 (4th Cir. 1966)
- Sterling Smokeless Coal Co. v. Akers, 131 F.3d 438, 439-40 (4th Cir. 1997)
- DeLoatch v. Heckler, 715 F.2d 148, 150 (4th Cir. 1983)
- Arakas v. Commissioner, Social Security Administration, 983 F.3d 83, 95-97 (4th Cir. 2020)
- Walker v. Bowen, 889 F.2d 47, 49 (4th Cir. 1989)
- Oakes v. Kijakazi, 70 F.4th 207, 215 (4th Cir. 2023)
- Shelley C. v. Commissioner of Social Security Administration, 61 F.4th 341, 359-61 (4th Cir. 2023)
- Lewis v. Berryhill, 858 F.3d 858, 866 (4th Cir. 2017)

OPINION

DISTRICT OF MARYLAND Chambers of 101 West Lombard Street Douglas R. Miller
Baltimore, Maryland 21201 United States Magistrate Judge
MDD_DRMChambers@mdd.uscourts.gov (410) 962-7770 March 6, 2026 LETTER TO ALL
COUNSEL OF RECORD Re: Danielle W. v. Frank Bisignano, Commissioner, Social Security
Administration1 Civil No. 24-3516-DRM Dear Counsel: On December 5, 2024, Plaintiff Danielle

W. (“Plaintiff”) petitioned this Court to review the Social Security Administration’s (“SSA’s” or “Commissioner’s” or “Defendant’s”) final decision to deny Plaintiff’s claim for Social Security benefits.

ECF No. 1. This case was then referred to me with the parties’ consent. See 28 U.S.C. § 636; Loc. R. 301. I have considered the record in this case and the parties’ briefs. ECF Nos. 8, 11, 13, 14. I find that no hearing is necessary. See Loc. R. 105.6.

The Court must uphold the decision of the SSA if it is supported by substantial evidence and if the SSA employed proper legal standards. See 42 U.S.C. §§ 405(g), 1383(c)(3); *Craig v. Chater*, 76 F.3d 585, 589 (4th Cir. 1996).

Under that standard, I will REVERSE the Commissioner’s decision and REMAND the case for further review. This letter explains why. I. PROCEDURAL BACKGROUND Plaintiff filed a Title II application for Disability Insurance Benefits (“DIB”) and a Title XVI application for Supplemental Security Income (“SSI”) benefits on March 9, 2021, and March 26, 2021, respectively, alleging in both applications that she became disabled on February 3, 2020.

Tr. 235-246; 252-275. Plaintiff’s claims were denied initially and on reconsideration. Tr. 125-140; 142-153. On March 27, 2024, an Administrative Law Judge (“ALJ”) held a hearing. Tr. 47-77. Following the hearing, on May 6, 2024, the ALJ determined that Plaintiff was not disabled within the meaning of the Social Security Act² during the relevant time frame.

Tr. 24-45. The Appeals Council denied Plaintiff’s request for review, Tr. 1-7, so the ALJ’s decision constitutes the final, reviewable decision of the SSA, *Sims v. Apfel*, 530 U.S. 103, 106–07 (2000); see also 20 C.F.R. § 422.210(a). 1 Plaintiff filed this case against Martin O’Malley, the Commissioner of Social Security on July 26, 2024. ECF No. 1. Frank Bisignano became the Commissioner of Social Security on May 7, 2025.

Accordingly, Commissioner Bisignano has been substituted as this case’s Defendant pursuant to Federal Rule of Civil Procedure 25(d). See Fed. R. Civ. P. 25(d). 2 42 U.S.C. §§ 301 et seq. March 6, 2026 Page 2 II. THE ALJ’S DECISION Under the Social Security Act, disability is defined as the “inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months[.]” 42 U.S.C. § 423(d)(1) (A); 20 C.F.R. §§ 404.1505(a), 416.905(a).

The ALJ is required to evaluate a claimant’s disability determination using a five-step sequential evaluation process. See 20 C.F.R. §§ 404.1520, 416.920. “Under this process, an ALJ evaluates, in sequence, whether the claimant: ‘(1) worked during the alleged period of disability; (2) had a severe impairment; (3) had an impairment that met or equaled the requirements of a listed

impairment; (4) could return to [their] past relevant work; and (5) if not, could perform any other work in the national economy.” Kiser v. Saul, 821 F. App’x 211, 212 (4th Cir.

2020) (citation omitted) (quoting Hancock v. Astrue, 667 F.3d 470, 472 (4th Cir. 2012)). Here, at step one, the ALJ determined that Plaintiff had “not engaged in substantial gainful activity since October 30, 2022, the alleged onset date.” Tr. 29. At step two, the ALJ found that Plaintiff suffered from the severe impairments of “post-traumatic stress disorder (PTSD), major depressive disorder, obsessive-compulsive disorder (OCD), general anxiety disorder (GAD), bipolar disorder, and gender dysphoria.” Tr.

30. At step three, the ALJ determined that Plaintiff “does not have an impairment or combination of impairments that meets or medically equals the severity of one of the listed impairments in 20 CFR Part 404, Subpart P, Appendix 1.” Tr. 30. Despite these impairments, the ALJ determined that Plaintiff retained the residual functional capacity (“RFC”) to: perform a full range of work at all exertional levels but with the following nonexertional limitations: she can perform jobs consisting of simple, routine, and repetitive tasks, involving only simple, work-related decisions, with only occasional changes in the routine work setting, but not at a production-rate pace, as would be required in an assembly line where each job task must be completed within strict time periods.

She can perform jobs with occasional interaction with supervisors, coworkers (no tandem work), and with brief and superficial interaction with the public. Time off task during the workday can be accommodated by normal breaks, i.e., she is able to sustain attention and concentration for 2 hours at a time. Tr. 33.

The ALJ determined that Plaintiff was unable to perform any past relevant work, but could perform jobs that existed in significant numbers in the national economy, such as commercial cleaner, laundry worker, or linen room attendant. Tr. 40-41.

Therefore, the ALJ concluded that Plaintiff was not disabled. Tr. 41. III. LEGAL STANDARD The scope of the Court’s review is limited to determining whether substantial evidence supports the ALJ’s factual findings and whether the decision was reached through the application of the correct legal standards. See Coffman v. Bowen, 829 F.2d 514, 517 (4th Cir. 1987). “The findings of the [ALJ]... as to any fact, if supported by substantial evidence, shall be conclusive.

March 6, 2026 Page 3...” 42 U.S.C. § 405(g). Substantial evidence is “evidence which a reasoning mind would accept as sufficient to support a particular conclusion.” Laws v. Celebrezze, 368 F.2d 640, 642 (4th Cir. 1966). It is “more than a mere scintilla but may be somewhat less than a preponderance.” Id. In conducting the “substantial evidence” inquiry, my review is limited to whether the ALJ analyzed the relevant evidence and sufficiently explained their findings and rationale in crediting the evidence.

See, e.g., *Sterling Smokeless Coal Co. v. Akers*, 131 F.3d 438, 439–40 (4th Cir. 1997); *DeLoatche v. Heckler*, 715 F.2d 148, 150 (4th Cir. 1983) (“Judicial review of an administrative decision is impossible without an adequate explanation of that decision by the [ALJ].”). IV. ANALYSIS Plaintiff raises two arguments on appeal.

First, Plaintiff argues that “the ALJ erred by disregarding Plaintiff’s subjective complaints based on their alleged inconsistency with the objective medical evidence in the record in contravention of controlling precedent.” ECF No. 11 at 11.

Second, Plaintiff argues that the ALJ “cherry-picked isolated findings from a record that overwhelmingly demonstrates disabling psychiatric impairments,” and thereby provided “no meaningful explanation of how Plaintiff’s documented symptoms, particularly her dissociation, fatigue, suicidal ideation, and poor attention and concentration, translate into the residual capacity to sustain full-time work.” *Id.* at 16-17.

Defendant counters that the “the ALJ appropriately considered Plaintiff’s symptoms in relation to the rest of the evidence, including Plaintiff’s own statements about the efficacy of treatment, the history of her treatment, and the evidence submitted by examining and non-examining consultants.” ECF No. 13 at 12. An ALJ properly analyzes subjective complaints by using a two-part test.

See *Craig*, 76 F.3d at 594–95. First, the ALJ must assess the objective medical evidence and determine whether the plaintiff has a medically determinable impairment that could reasonably be expected to produce the pain or symptoms alleged. 20 C.F.R. §§ 404.1529(b), 416.929(b); Social Security Ruling (“SSR”) 16-3p, 2016 WL 1119029, at *4 (S.S.A. Mar. 16, 2016).

Second, if the ALJ finds a medically determinable impairment, the ALJ assesses the plaintiff’s symptoms to determine how the symptoms’ intensity and persistence affect the plaintiff’s ability to work. See 20 C.F.R. §§ 404.1529(c), 416.929(c). At the second step, “there need not be objective evidence of the pain [or symptoms] itself or its intensity.” *Arakas v. Comm’r, Soc.*

Sec. Admin., 983 F.3d 83, 95 (4th Cir. 2020) (quoting *Walker v. Bowen*, 889 F.2d 47, 49 (4th Cir. 1989)). Because “disability benefits can be awarded on the sole basis of an objective impairment and derivative subjective pain” or symptoms, a claimant may “rely exclusively on subjective evidence” at the second step. *Oakes v. Kijakazi*, 70 F.4th 207, 215 (4th Cir.

2023) (quoting *Arakas*, 983 F.3d at 96). Thus, “an ALJ applies the incorrect legal standard in discrediting complaints ‘based on [a] lack of objective evidence corroborating them.’” *Id.* (quoting *Arakas*, 983 F.3d at 96) (brackets in original); accord SSR 16-3p, 2017 WL 5180304, at *5 (“[W]e will not disregard an individual’s statements about [their] symptoms solely because the objective medical evidence does not substantiate the degree of impairment-related symptoms alleged by the individual.”).

Instead, the ALJ is required to balance the record evidence as “[a] report of... inconsistencies in the objective medical evidence is one of the many factors... consider[ed] in evaluating” this prong. March 6, 2026 Page 4 *Shelley C. v. Comm’r of Soc. Sec. Admin.*, 61 F.4th 341, 360 (4th Cir. 2023) (quoting SSR 16-3p, 2016 WL 1119029, at *5).

Because the Plaintiff suffers from Major Depressive Disorder (“MDD”), an additional restriction applies in this case. In *Arakas*, the Fourth Circuit stated: we join those circuits by holding that ALJs may not rely on objective medical evidence (or the lack thereof)—even as just one of multiple factors—to discount a claimant’s subjective complaints regarding symptoms of fibromyalgia or some other disease that does not produce such evidence.

Objective indicators such as normal clinical and laboratory results simply have no relevance to the severity, persistence, or limiting effects of a claimant’s fibromyalgia, based on the current medical understanding of the disease. *Arakas*, 983 F.3d at 97 (emphasis added.)

In *Shelley C.*, the Fourth Circuit extended the holding of *Arakas* to “depression— particularly chronic depression,” holding that it was “one of those other diseases” that does not produce objective medical evidence. *Shelley C.*, 61 F.4th at 360-61. This is because the DSM-V declares that “no laboratory test has yielded results of sufficient sensitivity and specificity to be used as a diagnostic tool for [MDD.]” But most importantly, “[s]ymptoms caused by major depression can vary from person to person.” Stated differently, symptoms of MDD, like those of fibromyalgia, are “entirely subjective,” determined on a case-by-case basis.

Id. at 361 (citations omitted.) Here, at the first step, the ALJ determined that Plaintiff’s “medically determinable impairments could reasonably be expected to cause the alleged symptoms[.]” Tr. 34. At the second step, however, the ALJ concluded that Plaintiff’s statements concerning the intensity, persistence and limiting effects of these symptoms are not entirely consistent with the medical evidence and other evidence in the record for the reasons explained in this decision.

Tr. 34. Plaintiff contends this second step was in error; in particular, she argues that “the ALJ cited the absence of a suicide plan (Tr. 35, 36, 38); ‘normal’ attention and concentration during select evaluations (Tr. 31, 35); and ‘appropriate’ affect on occasion (Tr. 35),” and thereby violated the rule of *Shelley C.* that “objective indicators must not factor adversely into the second step of this analysis” for chronic depression.

ECF No. 11 at 16. March 6, 2026 Page 5 Defendant draws a distinction between the ALJ’s improper holding in *Shelley C.* that the plaintiff’s subjective statements were: inconsistent with the medical evidence of record, which reflects a routine and conservative treatment history, and generally benign mental status examinations, *Shelley C.* 61 F.4th at 359, and the ALJ’s analysis in the present case, which Defendant characterizes as follows: [The ALJ] did not suggest (let alone require) that Plaintiff’s alleged limitations must be validated by objective support.

To the contrary, the linchpin of the ALJ's finding was Plaintiff's own subjective reports to her treatment providers that her mental health symptoms improved, and she would be engaged in more activities. ECF No. 13 at 9. This case is less clear-cut than *Shelley C.* The ALJ decision in that case points directly to its improper reliance on objective medical evidence, specifically on "generally benign mental status examinations." *Shelley C.* 61 F.4th at 359.

In the present case, however, the ALJ states broadly that the inconsistency arises "for the reasons explained in this decision." Tr. 34. Although the ALJ discusses the medical evidence in depth, the decision contains few if any explicit comparisons between Plaintiff's statements about her MDD symptoms and objective medical evidence.

Moreover, Plaintiff suffers from several other psychological impairments to which the Fourth Circuit has not, to date, extended the holding of *Arakas*. For these conditions, it would not be improper for the ALJ to consider objective medical evidence as one factor in the evaluation of Plaintiff's subjective statements.

For any given piece of evidence, it is difficult to determine whether the ALJ's discussion includes or excludes Plaintiff's statements about MDD symptoms specifically. However, given the ALJ's broad reference to "the reasons explained in this decision," the Court concludes that it must treat any discussion in the ALJ decision of objective medical evidence (or at least that which plausibly relates to MDD) as a factor relied on by the ALJ.

The Court agrees with Defendant's implicit premise that a Plaintiff's "own subjective reports to her treatment providers" are not automatically converted into objective medical evidence merely because a provider writes them down.

The Court does not read *Arakas* and *Shelley C.* to mean that an ALJ may not compare the subjective statements a Plaintiff makes directly to the SSA with the subjective statements she made to a provider. However, specific items to which Plaintiff points in her brief are not mere transcriptions of Plaintiff's subjective statements. Rather, they contain providers' clinical interpretations of their observations of Plaintiff, including multiple instances of formulations such as "she was alert and oriented," "her attention and concentration was normal," "her affect was appropriate," "her functional status was intact," "she was interactive," and the like.

Tr. 31, 35. Such reports of normal findings imply the absence (at least temporarily) of "[p]sychiatric signs" of MDD, and therefore March 6, 2026 Page 6 the absence of "objective medical evidence" of its symptoms.³ The ALJ's inclusion of these findings suggests he engaged in the analysis forbidden by *Arakas* and *Shelley C.*: "rely[ing] on objective medical evidence (or the lack thereof)—even as just one of multiple factors—to discount a claimant's subjective complaints regarding symptoms of" chronic depression.

Arakas, 983 F.3d at 97. See Shelley C., 61 F.4th at 361.4 Because the ALJ improperly increased Plaintiff's burden of proof, in effectively requiring that subjective statements be validated by objective medical evidence, the Court must find error. See Arakas, 983 F.3d at 96 (citing Lewis v. Berryhill, 858 F.3d 858, 866 (4th Cir. 2017)).

The ALJ's decision to partially discredit Plaintiff's subjective statements concerning the intensity, persistence, and limiting effects of her symptoms is accordingly unsupported by substantial evidence. Thus, the Court is unable to find that the ALJ's determination is supported by substantial evidence and finds that remand is required.

V. CONCLUSION For the reasons set forth herein, pursuant to sentence four of 42 U.S.C. § 405(g), the SSA's judgment is REVERSED due to inadequate analysis. The case is REMANDED for further proceedings in accordance with this opinion.

The clerk is directed to CLOSE this case. Despite the informal nature of this letter, it should be docketed as a Memorandum Opinion. A separate implementing Order follows. 3 Social Security regulations define objective medical evidence as "medical signs, laboratory findings, or both." 20 C.F.R. §§ 404.1502(f), 416.902(k). Signs is further defined to mean: one or more anatomical, physiological, or psychological abnormalities that can be observed, apart from your statements (symptoms).

Signs must be shown by medically acceptable clinical diagnostic techniques. Psychiatric signs are medically demonstrable phenomena that indicate specific psychological abnormalities, e.g., abnormalities of behavior, mood, thought, memory, orientation, development, or perception, and must also be shown by observable facts that can be medically described and evaluated.

20 C.F.R. §§ 404.1502(g), 416.902(l). 4 Plaintiff's reports to her providers of decreased suicidal ideation present a closer call. See Tr. 35, 36, 38. These appear less in the nature of clinical findings about a sign of MDD, and more in the nature of documenting Plaintiff's subjective statements about symptoms. March 6, 2026 Page 7 Sincerely, /s/ Douglas R. Miller United States Magistrate Judge