UNITED STATES DISTRICT COURT FOR THE DISTRICT OF OREGON

Phillip C. v. Commissioner, Social Security Administration

Phillip C. · No. 6:25-cv-00042-AP · Decided March 27, 2026

SUMMARY

The United States District Court for the District of Oregon reviewed the Commissioner of Social Security's denial of disability insurance benefits to Phillip C. The court held that the ALJ improperly evaluated whether the claimant's chronic headaches medically equaled Listing 11.02, discounted the claimant's symptom testimony, and rejected the treating provider's medical opinion. The decision was reversed and remanded for immediate payment of benefits, with disability found as of June 24, 2019.

CASE DETAILS

COURT	United States District Court for the District of Oregon
WRITING FOR THE COURT	Amy E. Potter
JURISDICTION	United States District Court for the District of Oregon
DECIDED	March 27, 2026
DOCKET	6:25-cv-00042-AP
DISPOSITION	reversed_and_remanded
PROCEDURAL POSTURE	Plaintiff sought judicial review under 42 U.S.C. § 405(g) of the Commissioner's decision denying disability insurance benefits for the period before December 13, 2021.
STANDARD OF REVIEW	Questions of law are reviewed de novo. Factual findings are upheld if supported by substantial evidence, meaning relevant evidence that a reasonable mind might accept as adequate to support a conclusion. The court may not substitute its judgment for the ALJ's when the evidence could support either affirming or reversing the decision.
PRECEDENTIAL VALUE	unpublished district court opinion
PARTIES	Phillip C. v. Commissioner, Social Security Administration

TOPICS

judicial review of agency action · administrative law · remedies

PRACTICE AREAS

Social Security disability | administrative law | judicial review of agency action

QUESTIONS PRESENTED

1. Whether the ALJ properly considered whether Plaintiff's primary headache disorder medically equaled Listing 11.02.
2. Whether the ALJ provided specific, clear, and convincing reasons supported by substantial evidence for discounting Plaintiff's subjective symptom testimony.
3. Whether the ALJ properly evaluated the supportability and consistency of Dr. Vanderburgh's medical opinion.
4. Whether the record satisfied the credit-as-true standard warranting remand for immediate payment of benefits rather than further administrative proceedings.

HOLDINGS

1. The ALJ erred by treating the absence of dyscognitive seizures as dispositive and failing to evaluate whether Plaintiff's headache symptoms were equal in severity and duration to the criteria in Listing 11.02.
2. The ALJ failed to provide specific, clear, and convincing reasons supported by substantial evidence for discounting Plaintiff's testimony concerning the severity and functional effects of his headaches.
3. The ALJ erred in finding Dr. Vanderburgh's opinion unpersuasive because the stated supportability and consistency reasons were not supported by substantial evidence.
4. The credit-as-true standard was satisfied, so remand for immediate payment of benefits was appropriate.

KEY QUOTATIONS

> *"In evaluating whether the headaches medically equal the listing, the ALJ need not find that Plaintiff had dyscognitive seizures. Instead, the ALJ must evaluate whether Plaintiff's symptoms are "equal in severity and duration to the criteria," i.e. to dyscognitive seizures, by considering the above-listed factors."* (6)

> *"Specific, clear and convincing reasons are those which "identify what testimony is not credible and what evidence undermines the claimant's complaints.""* (7)

> *"Remand for calculation of benefits is only appropriate where the credit-as-true standard has been satisfied"* (12)

> *"Allowing the ALJ to have [another] mulligan is not a "useful purpose.""* (13)

FACTUAL BACKGROUND

Plaintiff alleged disability based principally on chronic daily headaches, along with seizures, arthritis, memory loss, and leg pain. His headaches began recurring in early 2019, increased in severity, and were repeatedly treated with different prescription medications without adequate relief. Plaintiff testified that headaches occurred daily or every other day and often left him able to do little more than sleep or listen to music. His primary care

provider, Dr. Vanderburgh, opined that the headaches would cause substantial functional limitations, including more than two missed workdays per month.

PROCEDURAL HISTORY

Plaintiff applied for disability insurance benefits in November 2018. After the claim was denied and an ALJ found him not disabled, the Appeals Council declined review. The District Court previously remanded for further proceedings, finding errors concerning Plaintiff's headache testimony, Dr. Vanderburgh's medical opinion, and consideration of whether the headaches medically equaled Listing 11.02. On remand, the ALJ found Plaintiff disabled beginning December 13, 2021, but not before that date. The District Court reversed and remanded for immediate payment of benefits, finding Plaintiff disabled as of June 24, 2019.

DISPOSITION

reversed_and_remanded

REMAND INSTRUCTIONS

Remand to the Commissioner for immediate payment of benefits. The Court determined that Plaintiff was disabled as of June 24, 2019.

CASES CITED

- Obrien v. Bisignano, 142 F.4th 687, 693 (9th Cir. 2025)
- Biestek v. Berryhill, 587 U.S. 97, 102 (2019)
- Parra v. Astrue, 481 F.3d 742, 746 (9th Cir. 2007)
- Woods v. Kijakazi, 32 F.4th 785, 787 n.1, 791-92 (9th Cir. 2022)
- Garrison v. Colvin, 759 F.3d 995, 1014-15, 1020-21 (9th Cir. 2014)
- Reddick v. Chater, 157 F.3d 715, 722 (9th Cir. 1998)
- Lester v. Chater, 81 F.3d 821, 834 (9th Cir. 1995)
- Revels v. Berryhill, 874 F.3d 648, 667 (9th Cir. 2017)
- Hill v. Astrue, 698 F.3d 1153, 1162 (9th Cir. 2012)
- Benecke v. Barnhart, 379 F.3d 587, 595 (9th Cir. 2004)
- Smolen v. Chater, 80 F.3d 1273, 1292 (9th Cir. 1996)
- Varney v. Secretary of Health & Human Services, 859 F.2d 1396, 1399 (9th Cir. 1988)