UNITED STATES DISTRICT COURT FOR THE DISTRICT OF SOUTH CAROLINA

Anthony Willis Evans v. Frank Bisignano, Commissioner of Social Security

Evans · No. 5:25-1535-RMG · Decided December 9, 2025

SUMMARY

The United States District Court for the District of South Carolina reviewed the denial of Anthony Willis Evans's claim for Disability Insurance Benefits. The court rejected the Magistrate Judge's recommendation to affirm, concluding that the ALJ's evaluation of Evans's chronic back pain, migraine headaches, and consulting physician's opinions was not supported by substantial evidence. The court reversed the Commissioner's decision under Sentence Four of 42 U.S.C. § 405(g) and remanded for further proceedings.

CASE DETAILS

COURT	United States District Court for the District of South Carolina
WRITING FOR THE COURT	Richard Mark Gergel
JURISDICTION	United States District Court for the District of South Carolina
DECIDED	December 9, 2025
DOCKET	5:25-1535-RMG
DISPOSITION	reversed_and_remanded
PROCEDURAL POSTURE	Plaintiff sought judicial review under 42 U.S.C. §§ 405(g) and 1383(c)(3) of the Commissioner's final decision denying Disability Insurance Benefits. The district court reviewed objections to a magistrate judge's Report and Recommendation recommending affirmance.
STANDARD OF REVIEW	Under 28 U.S.C. § 636(b)(1), the district court conducts de novo review of portions of a magistrate judge's Report and Recommendation to which specific objections are made. On review of the Commissioner's decision, factual findings are conclusive if supported by substantial evidence, but findings based on an improper legal standard are not binding. The court may not substitute its factual findings for those of the Commissioner, while still ensuring that the agency's decision is not mechanically accepted.

PRECEDENTIAL VALUE	Unknown; district court order with no reporter citation or stated precedential designation.
PARTIES	Anthony Willis Evans v. Frank Bisignano, Commissioner of Social Security

TOPICS

judicial review of agency action · agency adjudication · administrative law · remedies

PRACTICE AREAS

Social Security disability benefits · administrative law · judicial review of agency action · medical-opinion evaluation

QUESTIONS PRESENTED

1. Whether the Commissioner's decision denying Disability Insurance Benefits was supported by substantial evidence.
2. Whether the ALJ properly evaluated the medical opinion of the Social Security Administration's consulting examining physician under 20 C.F.R. § 404.1520c.
3. Whether the ALJ adequately evaluated Evans's reports and medical evidence concerning chronic back pain and frequent migraine headaches.

HOLDINGS

1. The Commissioner's decision was not supported by substantial evidence because the ALJ inadequately assessed the evidence documenting Evans's chronic back pain and frequent migraine headaches.
2. The ALJ failed to properly evaluate Dr. Hamada's opinions under 20 C.F.R. § 404.1520c because the record supported and was consistent with her conclusions regarding Evans's back and migraine-related limitations.
3. Remand under sentence four of 42 U.S.C. § 405(g) was warranted for further proceedings consistent with the order.

KEY QUOTATIONS

> *"Substantial evidence has been defined innumerable times as more than a scintilla, but less than preponderance."* (-2)

> *"it does not follow . . . that the findings of the administrative agency are to be mechanically accepted. The statutorily granted right of review contemplates more than an uncritical rubber stamping of the administrative action."* (-2)

> *"Under the revised regulations for the evaluation of medical opinions, the critical issues are supportability and consistency."* (-5)

> *“Based upon the full record in this matter, the decision of the ALJ, and the controlling legal standards, the Court REVERSES the decision of the Commissioner pursuant to Sentence Four of 42 U.S.C. § 405(g) and REMANDS the matter to the agency for further proceedings consistent with this order.”* (-6)

FACTUAL BACKGROUND

Anthony Willis Evans alleged that chronic back pain, lumbar degenerative disease with spondylosis and radiculopathy, and frequent migraine headaches prevented him from working. He reported persistent and sometimes severe back pain, and medical records documented repeated complaints and treatment, including medication, injections, and physical therapy. A consulting physician, Dr. Allison Hamada, diagnosed significant lumbar conditions and frequent severe headaches, opining that Evans required limitations on standing and walking and that his headaches would frequently prevent work functioning. The ALJ found severe impairments but determined that Evans retained the capacity for less than the full range of light work and was not disabled.

PROCEDURAL HISTORY

The action was referred to a United States Magistrate Judge for pretrial handling. The magistrate judge issued a Report and Recommendation on October 23, 2025, recommending that the Commissioner's decision be affirmed. Plaintiff filed objections, and the district court conducted de novo review of the challenged portions, rejected the recommendation, reversed the Commissioner's decision, and remanded for further agency proceedings.

DISPOSITION

reversed_and_remanded

REMAND INSTRUCTIONS

The Commissioner must consider the entirety of Evans's objections to the ALJ's decision and provide a fair and reasoned evaluation of Dr. Hamada's consulting examination report, consistent with the order.

CASES CITED

- Mathews v. Weber, 423 U.S. 261 (1976)
- Thomas v. Celebrezze, 331 F.2d 541, 543 (4th Cir. 1964)
- Vitek v. Finch, 438 F.2d 1157, 1157 (4th Cir. 1971)
- Flack v. Cohen, 413 F.2d 278, 279 (4th Cir. 1969)
- Coffman v. Bowen, 829 F.2d 514, 519 (4th Cir. 1987)