

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF SOUTH
CAROLINA

Donald W. v. Commissioner of the Social Security Administration

Donald W. · No. 0:24-7022-RMG-PJG · Decided January 13, 2026

SUMMARY

This Report and Recommendation addresses judicial review of the Commissioner of Social Security’s denial of Donald W.’s claims for Supplemental Security Income and Disability Insurance Benefits. The court recommends affirming the Commissioner’s decision, concluding that the Appeals Council properly considered the additional evidence and that substantial evidence supported the ALJ’s evaluation of the claimant’s symptoms, daily activities, and residual functional capacity. The recommendation was issued by a United States Magistrate Judge in the District of South Carolina on January 13, 2026.

CASE DETAILS

COURT	United States District Court for the District of South Carolina
WRITING FOR THE COURT	Paige J. Gossett
JURISDICTION	United States District Court for the District of South Carolina
DECIDED	January 13, 2026
DOCKET	0:24-7022-RMG-PJG
DISPOSITION	affirmed
PROCEDURAL POSTURE	Plaintiff sought review under 42 U.S.C. §§ 405(g) and 1383(c)(3) of the Commissioner's denial of Social Security benefits. The magistrate judge issued a Report and Recommendation recommending that the Commissioner's decision be affirmed.
STANDARD OF REVIEW	The court reviews the Commissioner's final decision to determine whether it is supported by substantial evidence and whether the correct legal standards were applied. The court may not reweigh conflicting evidence, make credibility determinations, or substitute its judgment for the Commissioner's. Appeals Council evidence must be considered when it is new, material, and relates to the period on or before the ALJ's decision; remand is warranted if the record as a whole, including qualifying new evidence, does not support the Commissioner's decision.

PRECEDENTIAL VALUE	nonprecedential
PARTIES	Donald W. v. Commissioner of the Social Security Administration

TOPICS

judicial review of agency action administrative law standard of review appellate procedure
civil procedure

PRACTICE AREAS

Social Security disability administrative law federal judicial review civil procedure

QUESTIONS PRESENTED

1. Whether the Appeals Council erred by refusing to find that post-decision medical records concerning a spinal cord stimulator related to the period on or before the ALJ's decision and required remand.
2. Whether the Appeals Council's treatment of evidence predating the ALJ's decision warranted remand.
3. Whether substantial evidence supported the ALJ's evaluation of Plaintiff's subjective complaints of pain and the effect of his daily activities.

HOLDINGS

1. The Appeals Council did not err in finding that the post-decision evidence did not relate to the relevant period. The record indicated that Plaintiff's interest in a spinal cord stimulator arose after a less effective May 21, 2024 injection and did not show that his condition or treatment effectiveness had worsened before May 17, 2024.
2. Plaintiff failed to show that remand was warranted based on the evidence predating the ALJ's decision because he did not respond to the Commissioner's good-cause argument or otherwise establish the regulatory basis for consideration of that evidence.
3. The Commissioner's decision was supported by substantial evidence and was reached through application of the correct legal standards. The ALJ adequately evaluated Plaintiff's subjective complaints using the required two-step process and permissibly considered the medical evidence, treatment response, and daily activities.

KEY QUOTATIONS

“In light of the . . . inconsistencies [between Plaintiff’s testimony and the medical evidence], particularly the relatively conservative treatment of the claimant’s symptoms, as well as the claimant’s level of daily activity, I cannot find the claimant’s allegation that he is incapable of all work activity to be consistent with the medical evidence of record.” (Tr. 48-49)

“Meaningful review is frustrated—and remand necessary—only where [the court is] unable to fathom the [ALJ’s] rationale in relation to evidence in the record.” (Tr. 49)

FACTUAL BACKGROUND

Plaintiff alleged disability beginning December 7, 2018, based primarily on chronic thoracic and other spine-related pain, with an alleged inability to complete a full workday. During the relevant period, Plaintiff received injections, radiofrequency ablations, medications, physical therapy, and other conservative treatments, with variable but often adequate relief. After the ALJ's decision, Plaintiff submitted records concerning continued pain and approval for a spinal cord stimulator trial, but the court found no evidence that his condition or treatment effectiveness had worsened before the relevant period ended. The ALJ limited Plaintiff to less than the full range of sedentary work and identified jobs available in the national economy.

PROCEDURAL HISTORY

The ALJ denied Plaintiff's applications for Supplemental Security Income and Disability Insurance Benefits on May 17, 2024, finding that Plaintiff could perform a reduced range of sedentary work and could perform jobs existing in the national economy. The Appeals Council denied review on October 2, 2024. Plaintiff then sought judicial review, arguing that the Appeals Council failed to properly consider new evidence and that the ALJ improperly evaluated his subjective complaints and daily activities. The magistrate judge recommended affirmance.

DISPOSITION

affirmed

CASES CITED

- Blalock v. Richardson, 483 F.2d 773, 775 (4th Cir. 1973)
- McLain v. Schweiker, 715 F.2d 866, 868-69 (4th Cir. 1983)
- Hall v. Harris, 658 F.2d 260, 264-65 (4th Cir. 1981)
- Wilson v. Califano, 617 F.2d 1050, 1053 (4th Cir. 1980)
- Grant v. Schweiker, 699 F.2d 189, 192 (4th Cir. 1983)
- Craig v. Chater, 76 F.3d 585, 589, 594-95 (4th Cir. 1996)
- Coffman v. Bowen, 829 F.2d 514, 517 (4th Cir. 1987)
- Brown v. Commissioner of Social Security Administration, 873 F.3d 251, 267 (4th Cir. 2017)
- Myers v. Califano, 611 F.2d 980, 982 (4th Cir. 1980)
- Biestek v. Berryhill, 139 S. Ct. 1148, 1154 (2019)
- Pearson v. Colvin, 810 F.3d 204, 207 (4th Cir. 2015)
- Hancock v. Astrue, 667 F.3d 470, 472 (4th Cir. 2012)
- Wilkins v. Secretary, Department of Health & Human Services, 953 F.2d 93, 95-96 (4th Cir. 1991) (en banc)
- Williams v. Sullivan, 905 F.2d 214, 216 (8th Cir. 1990)
- Meyer v. Astrue, 662 F.3d 700, 702, 704, 707 (4th Cir. 2011)
- Smith v. Chater, 99 F.3d 635, 638-39 (4th Cir. 1996)
- Norris v. Colvin, 142 F. Supp. 3d 419, 423 (D.S.C. 2015)

- Arakas v. Commissioner, 983 F.3d 83, 95-96 (4th Cir. 2020)
- Britt v. Saul, 860 F. App'x 256, 262 (4th Cir. 2021)
- Diamond v. Colonial Life & Accident Insurance Co., 416 F.3d 310 (4th Cir. 2005)
- Thomas v. Arn, 474 U.S. 140 (1985)
- Wright v. Collins, 766 F.2d 841 (4th Cir. 1985)
- United States v. Schronce, 727 F.2d 91 (4th Cir. 1984)

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