UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF NORTH CAROLINA

Brittany Byrd Phillips v. Frank Bisignano, Commissioner of Social Security

Phillips · No. 1:25-CV-00249-KDB · Decided June 8, 2026

SUMMARY

The United States District Court for the Western District of North Carolina affirmed the Commissioner of Social Security's denial of Brittany Byrd Phillips's application for disability insurance benefits. The court held that the administrative law judge applied the correct legal standards, supported the determination with substantial evidence, adequately evaluated Phillips's subjective symptoms, and was not required to order a consultative psychological examination.

CASE DETAILS

COURT	United States District Court for the Western District of North Carolina
WRITING FOR THE COURT	Kenneth D. Bell
JURISDICTION	United States District Court for the Western District of North Carolina
DECIDED	June 8, 2026
DOCKET	1:25-CV-00249-KDB
DISPOSITION	affirmed
PROCEDURAL POSTURE	Plaintiff sought judicial review under 42 U.S.C. § 405(g) of the Commissioner's final decision denying her application for disability insurance benefits.
STANDARD OF REVIEW	The court reviews the Commissioner's factual findings for substantial evidence and reviews legal conclusions to ensure that the correct legal standards were applied. It may not reweigh conflicting evidence, make credibility determinations, or substitute its judgment for that of the Commissioner.
PRECEDENTIAL VALUE	unpublished district court memorandum and order; persuasive authority only
PARTIES	Brittany Byrd Phillips v. Frank Bisignano, Commissioner of Social Security

TOPICS

judicial review of agency action | agency adjudication | administrative law | disability definition

PRACTICE AREAS

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

QUESTIONS PRESENTED

1. Whether the ALJ adequately explained the finding that Phillips's subjective statements concerning the intensity, persistence, and limiting effects of her symptoms were inconsistent with the record.
2. Whether the ALJ was required to order a psychological consultative examination to develop the administrative record.

HOLDINGS

1. The ALJ sufficiently explained why Phillips's subjective reports were not fully consistent with the medical evidence and other record evidence, and the ALJ's explanation provided an accurate and logical bridge from the evidence to the conclusion.
2. The ALJ was not required to order a psychological consultative examination because the administrative record was sufficient to permit an informed determination of disability.

KEY QUOTATIONS

> *"Under the substantial-evidence standard, a court looks to an existing administrative record and asks whether it contains sufficient evidence to support the agency's factual determinations."* (Legal Standard)

> *"Where conflicting evidence allows reasonable minds to differ as to whether a claimant is disabled, the responsibility for that decision falls on the [ALJ]."* (Legal Standard)

> *"The Court is therefore satisfied that the ALJ built "an accurate and logical bridge from the evidence to [his] conclusion,"""* (Discussion)

FACTUAL BACKGROUND

Phillips applied for disability insurance benefits based on physical and mental impairments, including diabetes, anxiety and obsessive-compulsive disorders, obesity, gastrointestinal and nervous-system disorders, and osteoarthrosis. The ALJ found that she could perform a full range of work at all exertional levels subject to nonexertional limitations permitting only simple, repetitive work with no public interaction and occasional interaction with supervisors and coworkers. Although Phillips reported severe anxiety, panic attacks, difficulty leaving home, lack of motivation, and brain fog, the record also showed some in-person visits, household activities, financial-management abilities, periods of improved anxiety, and inconsistent medication compliance. Two psychological consultants concluded that she could work with limitations.

PROCEDURAL HISTORY

Phillips applied for Title II disability insurance benefits, alleging disability beginning May 1, 2019. Her claim was denied initially and on reconsideration; following a hearing, an administrative law judge denied benefits on June 18, 2024. The Appeals Council denied review on June 13, 2025, making the ALJ's decision the Commissioner's final decision. The district court denied Phillips's appeal and affirmed the Commissioner's decision.

DISPOSITION

affirmed

CASES CITED

- Drumgold v. Commissioner of Social Security, 144 F.4th 596, 604-05 (4th Cir. 2025)
- Shinaberry v. Saul, 952 F.3d 113, 120, 123 (4th Cir. 2020)
- Biestek v. Berryhill, 587 U.S. 97, 98-99, 102-03 (2019)
- Metcalf v. Schweiker, 795 F.2d 343, 345 (4th Cir. 1986)
- Hays v. Sullivan, 907 F.2d 1453, 1456 (4th Cir. 1990)
- Johnson v. Barnhart, 434 F.3d 650, 653 (4th Cir. 2005)
- Hancock v. Astrue, 667 F.3d 470, 472 (4th Cir. 2012)
- Lester v. Schweiker, 683 F.2d 838, 841 (4th Cir. 1982)
- Long v. Kijakazi, No. 1:22-CV-00091-KDB, 2022 WL 18026331, at *2-3 (W.D.N.C. Dec. 30, 2022)
- Boing v. Raleigh & G.R. Co., 87 N.C. 360 (N.C. 1882)
- Sedar v. Reston Town Ctr. Prop., LLC, 988 F.3d 756 (4th Cir. 2021)
- Marvin F. v. Kijakazi, No. 9:22-CV-03019-JD-MHC, 2023 WL 5056950, at *10-11 (D.S.C. June 12, 2023)
- Lehman v. Astrue, 931 F. Supp. 2d 682, 692-93 (D. Md. 2013)
- Bell v. Chater, 57 F.3d 1065 (Table) (4th Cir. 1995)
- Rice v. Chater, 53 F.3d 329 (Table) (4th Cir. 1995)
- Huddleston v. Astrue, 826 F. Supp. 2d 942, 959 (S.D.W. Va. 2011)
- Shelley C. v. Commissioner of Social Security Administration, 61 F.4th 341, 353 (4th Cir. 2023)
- Pearson v. Colvin, 810 F.3d 204, 207, 210 (4th Cir. 2015)