UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF ARKANSAS, HARRISON DIVISION

Ivan L. Martin v. Frank Bisignano, Commissioner, Social Security Administration

Martin · No. 3:25-cv-03040 · Decided February 5, 2026

SUMMARY

The court reviews a Social Security Administration decision denying Ivan L. Martin’s claim for supplemental security income benefits. It concludes that the administrative law judge failed to articulate the persuasiveness of medical opinion evidence as required by 20 C.F.R. § 404.1520c. The court reverses the denial and remands the matter to the Commissioner for further consideration under sentence four of 42 U.S.C. § 405(g).

CASE DETAILS

COURT	United States District Court for the Western District of Arkansas, Harrison Division
WRITING FOR THE COURT	Christy D. Comstock
JURISDICTION	United States District Court for the Western District of Arkansas, Harrison Division
DECIDED	February 5, 2026
DOCKET	3:25-cv-03040
DISPOSITION	reversed_and_remanded
PROCEDURAL POSTURE	Judicial review under 42 U.S.C. § 405(g) of the Commissioner's denial of Plaintiff's application for supplemental security income benefits.
STANDARD OF REVIEW	The court reviews the Commissioner's decision to determine whether it contains legal error and whether the factual findings are supported by substantial evidence on the record as a whole. Substantial evidence is less than a preponderance but enough that a reasonable mind would find it adequate.
PRECEDENTIAL VALUE	Unknown; district court memorandum opinion
PARTIES	Ivan L. Martin v. Frank Bisignano, Commissioner, Social Security Administration

TOPICS

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

PRACTICE AREAS

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

QUESTIONS PRESENTED

1. Whether the ALJ's failure to articulate the persuasiveness of Dr. Joseph Michel's medical opinion complied with the medical-opinion evaluation requirements of 20 C.F.R. § 404.1520c.
2. Whether the Commissioner's denial of SSI benefits was supported by substantial evidence.

HOLDINGS

1. The ALJ's failure to articulate the persuasiveness assigned to Dr. Joseph Michel's medical opinion violated 20 C.F.R. § 404.1520c and warranted remand.
2. The Commissioner's decision denying benefits was not supported by substantial evidence because the ALJ failed to properly evaluate the medical-opinion evidence.

FACTUAL BACKGROUND

Plaintiff alleged disability from musculoskeletal impairments, chronic pain, and depression. The ALJ found multiple severe physical and mental impairments but concluded that Plaintiff did not meet or equal a listed impairment, retained the residual functional capacity for a restricted range of light work, and could perform several jobs identified by a vocational expert. The ALJ discussed medical opinions but did not articulate how persuasive the opinion of Dr. Joseph Michel was.

PROCEDURAL HISTORY

Plaintiff applied for disability insurance benefits and supplemental security income, later amended his alleged onset date, and dismissed the disability-insurance claim because his date last insured preceded the amended onset date. After a hearing, the administrative law judge denied the SSI claim, and the Appeals Council denied review on May 13, 2025. Plaintiff then filed this action, and both parties submitted appeal briefs.

DISPOSITION

reversed_and_remanded

REMAND INSTRUCTIONS

The Commissioner must fully evaluate the medical-opinion evidence in accordance with 20 C.F.R. § 404.1520c, re-evaluate Plaintiff's residual functional capacity, and specifically include in any hypothetical to a vocational expert all limitations indicated by the RFC assessment and supported by the evidence.

CASES CITED

- Brown v. Colvin, 825 F.3d 936, 939 (8th Cir. 2016)
- Biestek v. Berryhill, 139 S. Ct. 1148, 1154 (2019)
- Lawson v. Colvin, 807 F.3d 962, 964 (8th Cir. 2015)
- Miller v. Colvin, 784 F.3d 472, 477 (8th Cir. 2015)
- Pearsall v. Massanari, 274 F.3d 1211, 1217 (8th Cir. 2001)
- McCoy v. Schweiker, 683 F.2d 1138, 1141-42 (8th Cir. 1982)
- Higgins v. Apfel, 222 F.3d 504, 505 (8th Cir. 2000)
- Bonnett v. Kijakazi, 859 F. App'x 19 (8th Cir. 2021)
- Brandy B. v. Dudek, No. 4:25-CV-394 SRW, 2025 WL 3227484, at *5 (E.D. Mo. Nov. 19, 2025)

OPINION

IN THE UNITED STATES DISTRICT COURT WESTERN DISTRICT OF ARKANSAS HARRISON DIVISION IVAN L. MARTIN PLAINTIFF v. CIVIL NO. 25-3040 FRANK BISIGNANO, Commissioner Social Security Administration DEFENDANT MEMORANDUM OPINION Plaintiff, Ivan L. Martin, brings this action pursuant to 42 U.S.C. § 405(g), seeking judicial review of a decision of the Commissioner of the Social Security Administration (Commissioner) denying his claim for supplemental security income (SSI) benefits under the provisions of Title XVI of the Social Security Act (Act).

In this judicial review, the Court must determine whether there is substantial evidence in the administrative record to support the Commissioner's decision. See 42 U.S.C. § 405(g). I. Procedural Background: Plaintiff protectively filed his applications for DIB and SSI on January 23, 2023, and May 26, 2023, respectively, alleging an inability to work since December 15, 2016,1 due to collapsed discs in the neck and upper back, lower back pain, arthritis, a left foot fracture with surgical hardware, a right foot fracture, muscle pain under both shoulder blades, and chronic depression.

1 At the administrative hearing held on May 22, 2024, Plaintiff, through his counsel, amended his alleged onset date to January 23, 2023. (Tr. 14, 37). Plaintiff’s DIB application was also dismissed at the hearing as Plaintiff’s date last insured was prior to his amended alleged onset date. (Tr. 37). (Tr. 99, 234, 241). An administrative video hearing was held on May 22, 2024, at which Plaintiff appeared with counsel and testified.

(Tr. 32-64). By written decision dated June 26, 2024, the ALJ found that during the relevant time period, Plaintiff had an impairment or combination of impairments that were severe. (Tr. 17). Specifically, the ALJ found Plaintiff had the following severe impairments: residual effects of a fracture of the 3rd-4th metatarsals, mild degenerative joint disease of the right ankle, arthropathy left ankle, residual effects of a fracture of the left ankle, degenerative disc disease of the thoracic spine, degenerative disc disease of the cervical spine, cervical laminectomy with post laminectomy syndrome, degenerative joint disease of the lumbar spine, mild degenerative joint disease of the SI

joints, chronic pain syndrome, an adjustment disorder, a depressive disorder and a positive RA factor.

However, after reviewing all of the evidence presented, the ALJ determined that Plaintiff's impairments did not meet or equal the level of severity of any impairment listed in the Listing of Impairments found in Appendix I, Subpart P, Regulation No. 4. (Tr. 18).

The ALJ found Plaintiff retained the residual functional capacity (RFC) to: [P]erform light work as defined in 20 CFR 416.967(b) except the claimant cannot climb ladders, ropes or scaffolds. He can occasionally climb ramps and stairs, stoop, crouch, kneel and crawl. He should avoid concentrated exposure to excessive vibration, unprotected heights and hazardous machinery.

The claimant can perform frequent bilateral overhead reaching. He can use judgment to make simple work related decision (sic); maintain concentration, persistence and pace for simple tasks; understand, carry out and remember simple work instructions and procedures; and adapt to changes in the work setting that are simple, predictable and easily explained. (Tr.

20). With the help of a vocational expert, the ALJ determined Plaintiff could perform work as a price tag ticketer, a routing clerk, an addresser, and a document preparer. (Tr. 25). Plaintiff then requested a review of the hearing decision by the Appeals Council, who denied that request on May 13, 2025. (Tr. 1-6). Subsequently, Plaintiff filed this action. (ECF No. 2).

This case is before the undersigned pursuant to the consent of the parties. (ECF No. 6). Both parties have filed appeal briefs, and the case is now ready for decision. (ECF Nos. 9, 11). II. Applicable Law: The Court reviews "the ALJ's decision to deny disability insurance benefits de novo to ensure that there was no legal error that the findings of fact are supported by substantial evidence on the record as a whole." Brown v. Colvin, 825 F. 3d 936, 939 (8th Cir.

2016). Substantial evidence is less than a preponderance, but it is enough that a reasonable mind would find it adequate to support the Commissioner's decision. Biestek v. Berryhill, 139 S.Ct. 1148, 1154 (2019). We must affirm the ALJ's decision if the record contains substantial evidence to support it. Lawson v. Colvin, 807 F.3d 962, 964 (8th Cir. 2015).

As long as there is substantial evidence in the record that supports the Commissioner's decision, the court may not reverse it simply because substantial evidence exists in the record that would have supported a contrary outcome, or because the court would have decided the case differently. Miller v. Colvin, 784 F.3d 472, 477 (8th Cir. 2015).

In other words, if after reviewing the record it is possible to draw two inconsistent positions from the evidence and one of those positions represents the findings of the ALJ, the court must affirm the ALJ's decision. Id. It is well established that a claimant for Social Security disability benefits

has the burden of proving his disability by establishing a physical or mental disability that has lasted at least one year and that prevents him from engaging in any substantial gainful activity.

Pearsall v. Massanari, 274 F.3d 1211, 1217 (8th Cir. 2001); see also 42 U.S.C. § 423(d)(1)(A). The Act defines "physical or mental impairment" as "an impairment that results from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques." 42 U.S.C. § 423(d)(3). A Plaintiff must show that his disability, not simply his impairment, has lasted for at least twelve consecutive months.

The Commissioner's regulations require him to apply a five-step sequential evaluation process to each claim for disability benefits: (1) whether the claimant has engaged in substantial gainful activity since filing his claim; (2) whether the claimant has a severe physical and/or mental impairment or combination of impairments; (3) whether the impairment(s) meet or equal an impairment in the listings; (4) whether the impairment(s) prevent the claimant from doing past relevant work; and, (5) whether the claimant is able to perform other work in the national economy given his age, education, and experience.

See 20 C.F.R. § 416.920. Only if the final stage is reached does the fact finder consider the Plaintiff's age, education, and work experience in light of his residual functional capacity. See McCoy v. Schweiker, 683 F.2d 1138, 1141-42 (8th Cir. 1982), abrogated on other grounds by Higgins v. Apfel, 222 F.3d 504, 505 (8th Cir. 2000); 20 C.F.R. § 416.920. III.

Discussion: The regulations governing the consideration of medical opinions were revised for claims filed on or after March 27, 2017. Plaintiff filed his claim for SSI on May 26, 2023. Accordingly, the ALJ's treatment of medical opinion evidence is governed by 20 C.F.R. § 404.1520c.

Under this Regulation, ALJs are to consider all medical opinions equally and evaluate their persuasiveness according to several specific factors – supportability, consistency, the medical source's relationship with the claimant, specialization, and other factors such as the source's understanding of the Social Security Administration's disability policies and their familiarity with other evidence in the claim.

20 C.F.R. § 404.1520c(c). ALJs must "articulate in [their] determination or decision how persuasive [they] find all of the medical opinions and all of the prior administrative medical findings in [the] case record." 20 C.F.R. § 404.1520c(b).

In this case, the ALJ acknowledged the medical opinions regarding Plaintiffs physical and mental capabilities but failed to articulate the persuasiveness given to the opinion of Dr. Joseph Michel. (Tr. 23-24). The ALJ's failure to comply with the opinion-evaluation Regulation warrants remand. Bonnett v. Kijakazi, 859 Fed. Appx. 19 (8th Cir. 2021) (unpublished) (citations omitted); Brandy B. v. Dudek, No. 4:25-CV-394 SRW, 2025 WL 3227484, at *5 (E.D.

Mo. Nov. 19, 2025) (An ALJ must articulate how persuasive he found all medical opinions and prior administrative medical findings in a claimant's case record). On remand, the ALJ must fully evaluate the medical opinion evidence, in accordance with 20 C.F.R. § 404.1520c.

The ALJ should then re-evaluate Plaintiff's RFC and specifically list in a hypothetical to a vocational expert any limitations that are indicated in the RFC assessment and supported by the evidence. IV. Conclusion: Accordingly, the Court concludes that the ALJ’s decision is not supported by substantial evidence, and therefore, the denial of benefits to the Plaintiff should be reversed and this matter should be remanded to the Commissioner for further consideration pursuant to sentence four of 42 U.S.C. § 405(g).

DATED this 5th day of February 2026. /si(Aseaty Cometock CHRISTYMOMSTOCK UNITED STATES MAGISTRATE JUDGE