

NONPRECEDENTIAL DISPOSITION

To be cited only in accordance with FED. R. APP. P. 32.1

United States Court of Appeals

**For the Seventh Circuit
Chicago, Illinois 60604**

Argued November 19, 2024

Decided November 26, 2024

Before

AMY J. ST. EVE, *Circuit Judge*

JOHN Z. LEE, *Circuit Judge*

JOSHUA P. KOLAR, *Circuit Judge*

No. 24-1583

BRITNY N. CASTEN,
Plaintiff-Appellant,

Appeal from the United States District
Court for the Central District of Illinois.

v.

MARTIN J. O'MALLEY, Commissioner
of Social Security,
Defendant-Appellee.

No. 22-cv-02250

Colin S. Bruce,
Judge.

ORDER

Britny Casten, a young woman who experiences low back pain, appeals the denial of her application for disability insurance benefits. An Administrative Law Judge (ALJ) found that Casten did not have a disability and denied her application. Casten sought review in the district court, which upheld the ALJ's ruling. Because the ALJ's decision was supported by substantial evidence, we affirm.

In December 2019, Casten (then 29) stopped working as a customer-complaint clerk at AT&T, and a month later she filed for disability insurance benefits. She had a

wide range of medical issues, but her principal symptom was low back pain, which she had complained about for approximately ten years. Her back pain had been attributed to fibromyalgia, obesity, degenerative disc disease, and sacroiliac joint arthritis. The pain worsened after a fall in 2018 and again after several falls in 2020. Doctors prescribed her various pain medications and referred her to surgeons, specialists, and physical therapists. In early 2021, a pain-management specialist administered bilateral-sacroiliac-joint injections, which relieved some of her pain. She received additional injections in early 2022.

Casten also experienced wrist and finger pain. In March 2021, she received cubital-tunnel-release surgery, which seemed to have removed most of the discomfort. But later that year, the pain in her right wrist returned. She reported that the pain diminished after she received a steroid injection and completed four weeks of immobilization.

Casten also had chronic migraines, for which she was prescribed various medications, including an anticonvulsant, periodic trigger-point injections, and butalbital (a barbiturate drug used to treat tension headaches). In August 2021, she reported that her migraines had generally been “doing pretty well,” that she experienced two to four migraines per month, and that she was satisfied with her current medications.

In connection with Casten’s application, in July and September 2020, two state agency physicians, Dr. Vidya Madala and Dr. Bharati Jhaveri, respectively, reviewed Casten’s medical records, and opined that she could perform “light work” with certain restrictions. *See* 20 C.F.R. § 404.1567(b).

Those opinions differed from that of a physical therapist, Madison Bayler, who opined after a one-time evaluation in January 2021 that Casten could work only at a sedentary level of exertion or below. Bayler conducted a physical-therapy evaluation, which incorporated Casten’s reports of her own functional ability and pain. Bayler concluded that Casten had limited range of motion in her spine and shoulders, significant weakness in her upper and lower extremities, weak grip strength, and problems with her endurance, balance, and gait. Dr. Steven Gentry, Casten’s primary care physician, endorsed Bayler’s conclusions the following day, and relayed the findings on a pre-printed Physical Residual Functional Capacity Questionnaire.

An ALJ conducted a hearing in February 2021 and denied Casten's application for benefits. The ALJ found that Casten could perform sedentary work, and that Casten was not disabled because she could perform her past relevant work as a customer complaint clerk. The Appeals Council, however, remanded the case for a new hearing because the ALJ had abused her discretion when she discounted Bayler's opinion after finding, without support, that Casten did not provide full effort at Bayler's examination.

Another ALJ held a hearing on remand in January 2022 and again denied Casten's application. Applying the five-step disability analysis, *see* 20 C.F.R. § 416.920(a)(4), the ALJ determined that (step 1) Casten had not engaged in substantial gainful activity during the relevant period; (step 2) her obesity, fibromyalgia, migraines, supraventricular tachycardia, status post ablation surgery, degenerative disc disease of the cervical and lumbar spine, and sacroiliac joint arthritis were severe impairments; but (step 3) none of these equaled a listed impairment; (step 4) she could perform light work with postural, manipulative, and environmental restrictions; and (step 5) she could perform her past relevant work as a customer complaint clerk.

In finding that Casten had the residual functional capacity (RFC) to perform light work with certain restrictions, the ALJ explained that the state physicians' opinions were better supported and more consistent with the medical evidence than the opinions of Bayler and Dr. Gentry. The ALJ explained that Bayler had assessed several of Casten's functional abilities based on Casten's subjective reports of pain, and Bayler's one-time evaluation did not reflect Casten's longitudinal functioning. The ALJ also found Bayler's opinion at odds with reports from other medical providers who had examined Casten and had not reported significantly reduced strength in her upper and lower extremities. As for Dr. Gentry's opinion, the ALJ found it unpersuasive because he had used a pre-printed form and provided little narrative, relying for support only on Bayler's evaluation, and his opinion was inconsistent with his previous treatment notes and other medical evidence.

This time, the Appeals Council declined further review.

Casten sought review in the district court and argued that the ALJ's findings regarding the medical opinions were illogical and not supported by substantial evidence. The court upheld the ALJ's decision, deferring to the ALJ's stated reasons for crediting the opinions of the state physicians' opinions over those of Dr. Gentry and Bayler.

We will affirm an ALJ's decision denying disability benefits if it is supported by substantial evidence—a low threshold. *Warnell v. O'Malley*, 97 F.4th 1050, 1052 (7th Cir. 2024). “[W]e will not reweigh the evidence, resolve debatable evidentiary conflicts, determine credibility, or substitute our judgment for the ALJ's determination so long as substantial evidence supports it.” *Id.* at 1052–53 (quoting *Gedatus v. Saul*, 994 F.3d 893, 900 (7th Cir. 2021)).

Casten first argues that the ALJ glossed over recent developments in her medical record and failed to explain how they were consistent with the state agency physicians' earlier opinions (from mid-2020). Casten points, for example, to evidence that she had surgery on her wrist in March 2021, reported wrist pain in December 2021 and January 2022, had frequent migraines throughout 2021, and received bilateral-sacroiliac-joint injections to treat ongoing back pain. According to Casten, the ALJ merely recited this evidence without explaining how it could be reconciled with the earlier opinions.

This argument shortchanges the ALJ's analysis. The ALJ explained how this more recent evidence influenced her ultimate decision. The ALJ noted, for example, that Casten's low back pain improved after she received sacroiliac injections in April 2021, and she received another round of injections a couple of weeks before the hearing in January 2022, after she complained that her back pain had returned; her symptoms in her right wrist had improved after her cubital tunnel release in 2021; and her migraines were “well managed with treatment” and had improved after she began receiving injections in October 2020. Further, in light of these recent developments, the ALJ included additional manipulative, reaching, and environmental limitations in Casten's RFC. The ALJ's analysis here was sufficient. *Warnell*, 97 F.4th at 1053 (ALJs “are subject to only the most minimal of articulation requirements”).

Casten relatedly argues, for the first time, that the medical opinions from the state agency physicians were “stale” and that the ALJ should have accounted for subsequent developments by having them evaluated through an additional medical opinion. We agree with the Commissioner that Casten waived this argument by failing to raise it before the district court. *See Milhem v. Kijakazi*, 52 F.4th 688, 693 (7th Cir. 2022). Regardless, the argument lacks merit because the ALJ was not required to seek an additional medical opinion beyond those already in the record. An additional medical opinion would be necessary only if new, significant medical diagnoses reasonably could have changed the physicians' medical opinions. *See Pavlicek v. Saul*, 994 F.3d 777, 783–84 (7th Cir. 2021). Here, the developments in the medical evidence were not new: they concerned diagnoses and treatment for conditions—low back pain, wrist pain, and

migraines—that Casten had experienced long before the state physicians submitted their opinions. Further, the ALJ accounted for these developments by explaining that Casten’s treating physicians had observed improvements in her back pain, wrist pain, and migraine frequency that were consistent with the state agency physicians’ opinions that she could perform light work. To the extent Casten disagrees with the ALJ’s weighing of the state physicians’ opinions and subsequent medical evidence, we will not reweigh the evidence or resolve debatable evidentiary conflicts. *See Warnell*, 97 F.4th at 1052.

Casten next argues that the ALJ wrongly discounted Bayler’s medical opinion as not well supported simply because it was based on a single examination and included assessments of subjective reports of pain. But an ALJ may discount a medical opinion that is based primarily upon a patient’s subjective complaints. *Prill v. Kijakazi*, 23 F.4th 738, 751 (7th Cir. 2022). And substantial evidence—namely, Bayler’s notes from her examination—supports the ALJ’s determination to discount Bayler’s assessments of Casten’s ability to stand, sit, or lift to the extent they were based on Casten’s subjective reports of pain during the examination.

Casten also challenges the ALJ’s finding that Bayler’s opinion was inconsistent with the medical evidence. The ALJ referred to exams performed by other treatment providers showing that Casten had normal motor strength, no other neurological abnormalities, and no deficits in her range of motion or grip strength. Casten disputes the ALJ’s characterization of the evidence and points to select findings from the record that she says are consistent with Bayler’s opinion.*

Substantial evidence also supports the ALJ’s finding that Bayler’s assessment, which showed significantly reduced motor strength in Casten’s upper and lower extremities, was inconsistent with the medical evidence. As the ALJ explained, other treatment providers consistently found that Casten was not as physically limited as Bayler opined. When treating physicians present conflicting evidence, the ALJ may

*The findings identified by Casten include diminished light touch sensation on the left side, reduced strength in the hips and knees, pain in the back, moderate instability on left single leg stand, and a wide-based, antalgic, slow gait in January 2019; trigger points in the back in April 2019; discomfort with light tapping on the lumbar spine, limited ability to bend forward and backward, and discomfort while walking in February 2020; positive provocative testing in the right cubital tunnel and at the Guyon’s canal in May 2020; decreased range of motion of the cervical spine, tenderness in the back, and decreased range of motion in the shoulders in August 2020; poor posture, tenderness in the spine, limited lumbar range of motion, shaking throughout all manual motor testing, and a slow and waddling gait in September 2020.

decide whom to credit, so long as substantial evidence supports the decision. *See Warnell*, 97 F.4th at 1053. In light of the reports from other treatment providers who contradicted Bayler's opinion, we conclude that substantial evidence supports the ALJ's decision to reject it.

Casten next argues that the ALJ did not provide a logical explanation for finding Dr. Gentry's opinion unpersuasive. According to Casten, the ALJ should not have devalued Dr. Gentry's opinion merely because he used a pre-printed form and provided "very little narrative explanation" for his opinion. In her view, the ALJ's reasoning was unfair because the opinions from the state agency physicians, which the ALJ found persuasive, were similarly issued on pre-printed forms and contained comparable narrative explanations.

Casten's focus on the nature of the forms, however, ignores the ALJ's broader conclusion that Dr. Gentry's opinion was inconsistent with his prior examination notes that did not mention any gait abnormalities, motor-strength deficits, or range-of-motion deficits. We will not disturb an ALJ's decision to discount a medical opinion that is contradicted by medical evidence in the record that the ALJ relied upon. *See id.* The ALJ here appropriately explained that the record evidence consistently contradicted Dr. Gentry's opinion that Casten could not stand, walk, or sit for more than minutes at a time. The ALJ also observed that Dr. Gentry's opinion about Casten's severely limited ability to use her hands or reach was inconsistent with the medical evidence, which showed no abnormalities in her hands or arms on a consistent basis other than immediately before and after her surgery in March 2021.

AFFIRMED