

NONPRECEDENTIAL DISPOSITION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 January 23, 2024*

Decided May 27, 2025

Before

ILANA DIAMOND ROVNER, *Circuit Judge*

MICHAEL B. BRENNAN, *Circuit Judge*

DORIS L. PRYOR, *Circuit Judge*

No. 23-1912

JAVIER GUZMAN,
Plaintiff-Appellant,

v.

FRANK BISIGNANO,
Commissioner of Social Security,
Defendant-Appellee.

Appeal from the United States District
Court for the Northern District of
Illinois, Eastern Division.

No. 22-cv-3086

Jeffrey Cole,
Magistrate Judge.

ORDER

In 2020, Javier Guzman unsuccessfully applied for disability benefits based on his severe mental health issues. After a hearing, an administrative law judge (“ALJ”) concluded that Guzman was not disabled. Because substantial evidence supports the ALJ’s decision, we affirm.

* We have substituted Frank Bisignano, the current Commissioner of Social Security, for the defendant-appellee. *See* FED. R. APP. P. 43(c).

I. BACKGROUND

On April 1, 2016, Guzman was admitted to MacNeal Hospital after suffering a manic episode during which he attempted to subdue his wife and son in the basement of their home. During his roughly 40-day hospital stay, he began taking a series of medications to treat symptoms of psychosis. Before discharging him on May 13, 2016, doctors diagnosed him with schizoaffective disorder.

On June 12, 2017, Guzman applied for disability benefits, alleging disability since April 1, 2016. His application was denied initially and on reconsideration by an administrative law judge (ALJ), and the decision was affirmed by the Appeals Council on April 17, 2020. Guzman did not seek judicial review of the ALJ's decision.

Following the denial of his initial disability claim, Guzman continued to seek treatment for schizophrenia. Between April 2019 and May 2020, Guzman received outpatient psychiatric care from the Cook County Health Department. At his first appointment in April 2019, Guzman complained that his medications exacerbated his psychotic symptoms and made him sleepy during the day. He made similar complaints of sleepiness in May 2019, June 2019, and July 2019. To relieve those symptoms, his doctors adjusted his prescribed dosages. By September 2019, Guzman's fatigue seemed to improve. He did not complain of tiredness at his doctor's appointments in September 2019, November 2019, or January 2020.

There is no record of Guzman's mental health treatment between May 2020 and January 2021. When he reestablished care at a new clinic in February 2021, he reported that his symptoms were well-controlled with medication. At his May 2021 appointment, he denied experiences of paranoia and delusions but he complained anew that he was sleeping excessively. Guzman's health records do not reflect any additional medication adjustments, however, and by his final August 2021 appointment, he was no longer reporting excessive sleepiness as a side effect.

On July 2, 2020, during the May 2020 through July 2021 gap in treatment, Guzman again applied for disability benefits, alleging disability since July 26, 2019. A December 2020 consultative examination for Social Security disability confirmed that his schizophrenia was in partial remission, and Guzman reported that he slept well while taking his medications. Two state agency physicians reviewed his application and concluded that Guzman suffered from severe impairments, including schizophrenia and bipolar disorders. They assessed mild to moderate abilities to understand,

remember or apply information; interact with others; and concentrate, persist, maintain pace, and adapt or manage oneself. Both doctors determined, however, that his impairments did not meet or medically equal the severity of any of the impairments listed in 20 C.F.R. Part 404, Subpart P, Appendix 1 (the “Listings”). In particular, they believed his impairments did not meet or medically equal the severity of Listing 12.04 for Depressive, Bipolar, and related disorders.

Guzman and a vocational expert testified at an administrative hearing before an ALJ. In a written decision after the hearing, the ALJ applied the familiar five-step framework, *see* 20 C.F.R. § 404.1520(a), and concluded that Guzman was not disabled. At Step One, the ALJ determined that Guzman had not engaged in substantial gainful activity since the alleged onset date. At Step Two, the ALJ found that he suffered from several severe impairments, including schizoaffective disorder, bipolar disorder, schizophrenia, and neuroleptic malignant syndrome. At Step Three, the ALJ determined that none of Guzman’s impairments, individually or combined, met or medically equaled the severity of any of the impairments in the Listings. Next, the ALJ concluded that Guzman had the residual functional capacity (“RFC”) to perform routine, but not complex, tasks with limited contact with others. At Step Four, the ALJ determined that Guzman was unable to perform his past relevant work as a warehouse worker and industrial truck driver. Finally, at Step Five, the ALJ concluded that considering Guzman’s age, education, work experience, and RFC, other jobs existed in significant numbers in the national economy that Guzman could perform.

The Appeals Council denied Guzman’s request for review, making the ALJ’s decision the final decision of the Commissioner. 20 C.F.R. § 404.981. Guzman then sought judicial review. A magistrate judge, presiding with the parties’ consent under 28 U.S.C. § 636(c) upheld the ALJ’s decision.

II. DISCUSSION

“We review de novo the district court’s affirmance of the ALJ’s decision and review directly the decision of the ALJ.” *Butler v. Kijakazi*, 4 F.4th 498, 501 (7th Cir. 2021). “We will affirm if the ALJ’s decision was supported by substantial evidence.” *Wilder v. Kijakazi*, 22 F.4th 644, 651 (7th Cir. 2022). “Substantial evidence means evidence that a reasonable mind might accept as adequate to support a conclusion.” *Reynolds v. Kijakazi*, 25 F.4th 470, 473 (7th Cir. 2022) (citations and quotations omitted). We will not reweigh the evidence, determine credibility or substitute our judgment for that of the ALJ. *Id.*

On appeal, Guzman argues that the ALJ erred in three ways: (1) the ALJ determined, without seeking an additional medical opinion, that Guzman's impairments did not meet or medically equal the severity of the impairments in Listing 12.03; (2) the ALJ failed to consider the side effects of Guzman's medications in evaluating his ability to work; and (3) the ALJ failed to consider record evidence predating the alleged onset date in this case.

A. The Listing Determination

When assessing a claimant's eligibility for benefits, "the ALJ must determine whether the claimant's impairments are 'severe enough' to be presumptively disabling—that is, so severe that they prevent a person from doing any gainful activity and make further inquiry into whether the person can work unnecessary." *Jeske v. Saul*, 955 F.3d 583, 588 (7th Cir. 2020) (quoting 20 C.F.R. § 404.1525(a)). A claimant who suffers from an impairment that meets or medically equals one of the impairments found in the Listing of Impairments is presumed to be eligible for benefits. *Minnick v. Colvin*, 775 F.3d 929, 935 (7th Cir. 2015) (citing 20 C.F.R. § 404.1520(d)). "The listings specify the criteria for impairments that are considered presumptively disabling." *Barnett v. Barnhart*, 381 F.3d 664, 668 (7th Cir. 2004).

Guzman maintains that, before concluding that Guzman's schizophrenic disorder did not meet or medically equal Listing 12.03, the ALJ was required to seek a medical expert opinion to assess the limitations caused by Guzman's disorder. We disagree. Guzman has the burden of providing evidence to show that his impairment satisfies all of the various criteria of a listing. *Wilder*, 22 F.4th at 651. The ALJ must then consider all of the relevant medical evidence that supports a disability finding. *Denton v. Astrue*, 596 F.3d 419, 425 (7th Cir. 2010). A medical diagnosis alone, however, does not automatically equate to a Listing-level impairment. 20 C.F.R. § 404.1525(d). When evaluating Guzman's impairments at this step, the ALJ needed to discuss the specific listing she was considering because a "failure to do so, if combined with a 'perfunctory analysis,' may require a remand." *Ribaudo v. Barnhart*, 458 F.3d 580, 583 (7th Cir. 2006) (quoting *Barnett v. Barnhart*, 381 F.3d 664, 668 (7th Cir. 2004)).

The ALJ here evaluated Guzman's schizophrenic disorder against Listing 12.03 (Schizophrenia and Other Psychotic Disorders), Listing 12.04 (Depressive, Bipolar and Related Disorders), Listing 12.06 (Anxiety Disorders), and Listing 12.08 (Personality Disorders). Two state agency psychologists also reviewed the medical evidence against Listing 12.04. Each Listing contains specific requirements that the claimant's

impairment must meet. Listing 12.03 has three paragraphs, designated A, B, and C; a claimant's mental disorder must satisfy the requirements of both paragraphs A and B, or the requirements of both paragraphs A and C. 20 C.F.R. § Pt. 404, Subpt. P, App. 1, 12.00(A)(2).

The Paragraphs B and C criteria for Listings 12.03 and 12.04 are identical. The B criteria required Guzman to show that he suffered from an extreme limitation of one, or marked limitation of two, of the following areas of mental functioning: (1) understanding, remembering or applying information; (2) interacting with others; (3) concentrating, persisting or maintaining pace; and (4) adapting or managing oneself. 20 C.F.R. § 404, Subpt. P, App. 1, Listings 12.03(B), 12.04(B). Extreme limitations prevent individuals from performing “independently, appropriately, effectively, and on a sustained basis.” *Id.* at 12.00F(e). Similarly, marked limitations severely limit the ability to function independently, appropriately, effectively, and on a sustained basis. *Id.* at 12.00F(d). The Paragraph C criteria, in turn, required Guzman to show that his mental disorder was “serious and persistent” such that he had a medically documented history of the disorder for at least two years; that there is evidence of ongoing medical treatment for the disorder; and that there was only marginal adjustment in Guzman’s ability to adapt to changes in his environment or demands that are not already part of his daily life. *Id.* at 12.03(C) and 12.04(C).

As a threshold matter, even though Guzman was repeatedly diagnosed with schizophrenia and he directs us to medical records referencing his various psychotic symptoms, he points to no evidence to suggest that his mental impairments were more than moderately severe under the Paragraph B criteria. Nor does he explain why his impairments met or medically equaled the Paragraph C criteria for Listing 12.03 beyond his schizophrenia diagnosis. Guzman thus failed to carry his burden at Step Three. Moreover, the ALJ provided a detailed analysis of Guzman’s mental functioning with respect to the Paragraphs B and C criteria, and substantial evidence supported her conclusion that he suffered only mild to moderate limitations. The ALJ recognized that although Guzman reported being forgetful, his medical records showed that he performed well on cognitive examinations, his memory was intact, and he could accurately remember and describe his medical problems. She also found that Guzman generally demonstrated a normal mood and affect, and he was able to exist in public spaces without exhibiting abnormal behavior. Treatment records indicated that despite his reports of constant fatigue and difficulty concentrating, Guzman no longer experienced paranoia, delusions, or obsessions. And although Guzman’s doctors previously diagnosed him with schizophrenia, he was in partial remission as of

December 2020 and Guzman himself reported that his symptoms were well controlled with medication.

The ALJ also credited the uncontroverted opinions of the state agency physicians who reviewed Guzman's medical history to determine whether he qualified as disabled under the Listings. Both doctors agreed that Guzman did not meet or medically equal the criteria in Listing 12.04 because he suffered only mild or moderate mental limitations, had been psychiatrically stable for three years, and was free from any psychotic symptoms, depression, or medication side effects. The ALJ concluded that their opinions were persuasive and consistent with the record as a whole. It is of no consequence that the physicians did not specifically name Listing 12.03 in their evaluations because the Paragraphs B and C criteria for Listings 12.03 and 12.04 are identical. The ALJ identified Listings 12.03 and 12.04 by name and thoroughly addressed the identical criteria, relying in part on the opinions of the two doctors. Her analysis cannot be characterized as "perfunctory." *Ribauda*, 458 F.3d at 583. Because there was sufficient medical evidence to enable the ALJ to evaluate Guzman's symptoms under the listings at Step Three, she was not required to obtain additional expert testimony specific to Listing 12.03. *See Buckhanon ex rel. J.H. v. Astrue*, 368 F. App'x 674, 679 (7th Cir. 2010) ("The ALJ expressly relied upon the medical judgment of the state-agency consultants, and their uncontradicted opinions constitute substantial evidence.").

B. Subjective Symptoms

Next, Guzman argues that the ALJ failed to consider the side effects of his medications in evaluating his ability to work. Guzman is correct that the ALJ must consider a claimant's subjective symptoms as part of the disability determination. 20 C.F.R. § 404.1529(a). But subjective symptoms must be supported by objective medical evidence. *Id.*; *Wilder*, 22 F.4th at 653–54. If objective medical evidence verifies the impairment, then the ALJ evaluates the intensity and persistence of the symptoms to determine if they affect the claimant's ability to work. § 404.1529(c)(1). Factors the ALJ may consider at this stage include the "type, dosage, effectiveness, and side effects of any medication you take or have taken to alleviate your pain or other symptoms." § 404.1529(c)(3)(iv).

The ALJ found that Guzman had impairments that could reasonably be expected to cause the symptoms he complained of – namely, excessive fatigue and a lack of energy and motivation. However, the ALJ believed his statements concerning the

intensity, persistence, and limiting effects of those symptoms were “not entirely consistent” with the objective medical evidence in the record. In particular, the ALJ observed that although Guzman reported excessive sedation resulting in medication changes in July 2019, during later visits, he denied any changes in his sleep and reported that he slept well with medication. The ALJ also found that his medications were not adjusted after July 2019, suggesting that his side effects were not as limiting as he alleged.

Nothing in the record suggests that Guzman suffered side effects that actually impacted his ability to work. Guzman’s alleged need for daytime naps is contradicted by the objective medical evidence showing his symptoms improved with changes to his dosages. Also, the ALJ accounted for Guzman’s subjective report of fatigue by limiting him to simple, routine tasks that did not require operating machinery or exposure to hazards like unprotected heights. Any additional conclusions about how Guzman’s side effects affected his ability to work are purely speculative, so the ALJ did not err in finding that the record failed to support a greater functional limitation. *See Schaaf v. Astrue*, 602 F.3d 869, 876 (7th Cir. 2010).

C. Pre-Onset Date Evidence

Finally, Guzman tells us that the ALJ erred by ignoring evidence predating the alleged onset date in this case, July 26, 2019, including evidence from his previously denied disability claim in 2017. He is correct that the ALJ must consider the record as a whole, including evidence predating the onset date in the present case. *Johnson v. Sullivan*, No. 89-2269, 1990 WL 152542, at *3 (7th Cir. Sept. 24, 1990). But the ALJ fulfilled her duty in this respect: in determining the RFC, she noted that Guzman has a long history of mental impairments, including several emergency room visits and inpatient hospitalizations prior to the alleged onset date and a 2010 diagnosis of neuroleptic malignant syndrome.¹ The ALJ nevertheless determined that further limitations were not necessary because there was no evidence of inpatient hospitalizations during the relevant period, nor were there ongoing concerns with his 2010 diagnosis during the relevant period. We see no error in the ALJ’s analysis of this evidence, which was not entitled to any specific evidentiary weight. 20 C.F.R.

¹ There is a typographical error in the ALJ’s decision suggesting Guzman was diagnosed with neuroleptic malignant syndrome in 2018. It is clear from the record that the correct year of diagnosis is 2010.

§ 404.1520c(a). To the extent Guzman asks us to reweigh this evidence, we cannot do so. *Karr v. Saul*, 989 F.3d 508, 513 (7th Cir. 2021).

AFFIRMED