

NONPRECEDENTIAL DISPOSITION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

Submitted June 20, 2025*

Decided June 24, 2025

Before

DAVID F. HAMILTON, *Circuit Judge*

MICHAEL Y. SCUDDER, *Circuit Judge*

CANDACE JACKSON-AKIWUMI, *Circuit Judge*

No. 23-3013

JASON D. VULETICH,
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. 1:20-CV-04992

Sharon Johnson Coleman,
Judge.

* We have agreed to decide the case without oral argument because the briefs and record adequately present the facts and legal arguments, and oral argument would not significantly aid the court. FED. R. APP. P. 34(a)(2)(C).

ORDER

Jason Vuletich, an artist who struggles with anxiety, appeals the denial of his application for disability insurance benefits. *See* 42 U.S.C. § 405(g). An administrative law judge (ALJ) found that Vuletich was not disabled within the meaning of the Social Security Act and denied his application. The Appeals Council declined review, and the district court upheld the ALJ's ruling. Because substantial evidence supports the ALJ's decision, we affirm.

In 2016, Vuletich applied for disability insurance benefits, alleging disability since 2011 from a combination of anxiety, depression, irritable bowel syndrome (IBS), hypertension, tinnitus, herniated discs, angina, and cognitive and social decline. Vuletich's anxiety worsened after two fires damaged his apartment and possessions in 2010. He contended that this trauma, compounded by subsequent legal battles, forced him to stop working as a union boilermaker and artist.

Between 2011 and early 2016, Vuletich saw various medical professionals. Vuletich experienced anxiety and difficulty sleeping, so he saw Dr. Anna Costakis in January 2011 and was prescribed 30 milligrams Valium for his anxiety and Celexa for his depression. From August 2012 to August 2013, Vuletich saw a different physician, who observed that Vuletich was intellectually and cognitively normal and reduced his Valium prescription from 30 milligrams to 25 milligrams per day. In November 2013, after he had a disagreement with this physician about further reducing his Valium intake, Vuletich began seeing a third physician. The third physician similarly observed that Vuletich appeared physically normal and exhibited average intellectual functioning. Under this physician's supervision, Vuletich reduced his Valium intake to 10 milligrams per day by February 2014, began taking Ativan to manage any withdrawal symptoms, and continued his Celexa prescription.

Beginning in December 2014, Vuletich sought Valium prescriptions from five emergency room physicians over a two-month period. This period was marked by inconsistent diagnoses, including hypertension and anxiety, despite consistently normal physical and mental examinations. Four physicians prescribed varying amounts of Valium, Ativan, and Atenolol (for hypertension). One physician, however, refused to refill the Valium prescription, citing concerns about drug-seeking behavior and Vuletich's reported lack of withdrawal symptoms after a four-day lapse in Valium use.

Starting in January 2015, Vuletich received regular care from a new doctor, who consistently noted his normal physical and cognitive health. Although recognizing

Vuletich's pattern of "doctor hopp[ing]" for medication, the doctor continued to prescribe Valium. One year later, a new provider diagnosed Vuletich with anxiety, depression, hypertension, and drug addiction syndrome. Finally, Vuletich's current therapist, Lorene Cameron, deemed him "seriously mentally challenged" and recommended hospitalization for Valium addiction.

In connection with Vuletich's application for disability benefits, two state-agency physicians reviewed his medical records, found Vuletich to have severe anxiety and non-severe hypertension, and dismissed Vuletich's tinnitus, IBS, herniated discs, and angina as non-medically determinable impairments. Two state-agency psychologists determined that Vuletich was capable of "multiple-step productive activity with modified social demands."

In January 2018, an ALJ denied Vuletich's disability benefits application, applying the five-step disability analysis. *See* 20 C.F.R. § 416.920(a)(4). At step one, the ALJ found that Vuletich had not engaged in substantial gainful activity since 2011. The ALJ then determined at step two that Vuletich's anxiety constituted a severe impairment, that his hypertension was non-severe, and that he lacked sufficient medical evidence for IBS, herniated discs, tinnitus, and angina. At step three, the ALJ reasoned that none of his impairments met a listed impairment. And at steps four and five, the ALJ found that Vuletich was capable of limited work and specified restrictions on interactions with supervisors, coworkers, and the public. Specifically, she found that Vuletich had moderate limitations in understanding, remembering, and applying information; in interacting with others; and in concentrating, persisting, or maintaining pace. The ALJ then identified potential jobs as a cleaner, packager, and machine feeder. The ALJ also acknowledged Cameron's most recent opinion regarding Vuletich's mental state. But the ALJ deemed Cameron to be an unacceptable medical source and thus gave her opinion little weight.

Vuletich requested review by the Appeals Council and submitted new documents, including deposition testimony from Dr. Costakis in an unrelated 2012 case involving Vuletich. The Appeals Council found the documents immaterial and denied his request for review.

With court-recruited counsel, Vuletich sought review of the ALJ's decision in the district court. He argued that the ALJ erred in two ways. First, he contended that the ALJ wrongly concluded that Vuletich did not suffer from a second severe impairment despite his history of hypertension and the combined effects of his other alleged, non-medically determinable impairments (IBS, herniated discs, tinnitus, and angina).

Second, he argued that ALJ selectively used evidence to support her conclusions about Vuletich's residual functional capacity (RFC) and disability status.

The district court upheld the ALJ's decision. The court concluded that the ALJ permissibly relied on the state-agency physicians' and psychologists' opinions over other opinions and properly established a logical bridge between the record and her conclusions.

Vuletich appeals. We will affirm an ALJ's decision denying disability benefits if it is supported by substantial evidence—a low threshold—and will reverse only if the record “compels a contrary result.” *Thorlton v. King*, 127 F.4th 1078, 1081 (7th Cir. 2025) (citation omitted).

Vuletich first argues that the ALJ erred by failing to classify his tinnitus and IBS as severe impairments, both independently and in conjunction with his anxiety disorder. He further asserts that a reasonable person would deem these conditions severe. But the ALJ correctly identified the definition for a severe impairment—a medically determinable impairment that significantly restricts the capacity to perform basic work activities. *See* 20 C.F.R. § 416.920(a)(4)(ii), (c). The ALJ concluded that Vuletich did not present medical evidence establishing these conditions' impact on his ability to perform basic work activities. Although Vuletich details various ways these conditions affect his life, the relevant evidence is only what the ALJ reviewed in reaching her decision unless the Appeals Council first finds later submitted evidence to be “new and material.” *See Farrell v. Astrue*, 692 F.3d 767, 770–71 (7th Cir. 2012) (citing 20 C.F.R. §§ 404.970(b), 416.1470). And Vuletich does not point to evidence within the administrative record that supports his assertions related to his tinnitus and IBS, leaving us with no reason to doubt the ALJ's conclusion.

Vuletich next challenges the ALJ's RFC assessment as unsupported by medical evidence. Specifically, he argues that the ALJ erred in three ways: (1) by relying on his casual remarks to providers that he was doing “ok;” (2) by concluding that he could operate machinery despite medication dependence; and (3) by finding that he could maintain punctuality and pace despite anxiety. But the ALJ discussed Vuletich's medical history and testimony, noted numerous medical evaluations that reported largely normal cognitive and mental functioning, and observed his focused and attentive demeanor during his testimony. The ALJ weighed these direct observations against Vuletich's unsubstantiated claims of concentration difficulties. Acknowledging the prevalence of anxiety in the medical record and his testimony, the ALJ limited his RFC to jobs with minimal coworker interaction and no public contact. Vuletich's

disagreement with the ALJ's assessment, particularly without citing contrary evidence within the administrative record, does not undermine the substantial evidence supporting the ALJ's conclusion. *See Thorlton*, 127 F.4th at 1082.

Vuletich further contends that the ALJ erred by “cherry-picking” evidence, specifically by downplaying the opinions of Cameron and Dr. Costakis, which he argues constituted substantial evidence of his inability to work and disability. But the ALJ correctly found that Cameron did not meet the criteria for an acceptable medical source because Vuletich did not provide evidence that she was a licensed physician or psychologist. *See* 20 C.F.R. § 404.1502(a); *Grotts v. Kijakazi*, 27 F.4th 1273, 1276–77 (7th Cir. 2022). Thus, the ALJ did not need to give her opinion controlling weight. Even so, the ALJ confirmed that she considered Cameron's opinion but permissibly found the state-agency physicians and psychologists more credible. *See Thorlton*, 127 F.4th at 1082.

As for Dr. Costakis, Vuletich suggests that the ALJ erred by failing to give sufficient weight to her deposition testimony related to Vuletich's disability from the unrelated 2012 case. But this testimony, which Vuletich submitted to the Appeals Council only after the ALJ's unfavorable ruling, was rejected as immaterial. And Vuletich does not argue that the Appeals Council's materiality finding was erroneous. Therefore, the testimony “cannot be considered to reevaluate the ALJ's factual findings.” *Farrell*, 692 F.3d at 770; *see also Rice v. Barnhart*, 384 F.3d 363, 366 n.2 (7th Cir. 2012).

Finally, Vuletich argues that we should consider a 2019 form completed by one of his physicians, which Vuletich attaches to his brief, and the 2021 remarks of Vuletich's most recent psychiatrist, Dr. David Downing. But our review is limited to the ALJ's assessment of Vuletich's “condition as it existed at or prior to the time of the administrative hearing” in January 2018. *Schmidt v. Barnhart*, 395 F.3d 737, 742 (7th Cir. 2005). This evidence reflects the treatment Vuletich received after that date.

AFFIRMED