NONPRECEDENTIAL DISPOSITION
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United States Court of Appeals

For the Seventh Circuit
Chicago, Illinois 60604

Argued January 22, 2024
Decided May 27, 2026

Before

FRANK H. EASTERBROOK, *Circuit Judge*

AMY J. ST. EVE, *Circuit Judge*

CANDACE JACKSON-AKIWUMI, *Circuit Judge*

No. 23-1967

EDWARD WOLVIN,
Plaintiff-Appellant,

v.

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

Appeal from the United States District Court for the Eastern District of Wisconsin.

No. 2:21-cv-01328

William E. Duffin,
Magistrate Judge.

O R D E R

The Social Security Administration denied Edward Wolvin's claim for disability benefits based on an administrative law judge's determination that Wolvin was not disabled. Wolvin unsuccessfully challenged that decision in district court and now appeals. Because substantial evidence supports the decision to deny benefits, we affirm.

I.

Wolvin, a former forklift and die cast operator, suffers from degenerative disc disease of the lumbar spine. In 2005, at the age of 41, he applied for disability insurance benefits.

Before this appeal, four administrative law judges (ALJs) considered his application in five hearings. Wolvin appealed each ALJ's decision to the Appeals Council of the Social Security Administration and to the district court, and each time the application was remanded to the ALJ for reasons not relevant to this appeal. After the latest remand, an ALJ found Wolvin ineligible for disability benefits from July 27, 2005, through October 19, 2013. The district court affirmed, and Wolvin now appeals.

We summarize the treatment history and medical opinions that inform the ALJ's decision and this appeal.

A. Treatment Records

Wolvin sought treatment for his back pain from a variety of providers. Dr. Keith Kahle first diagnosed Wolvin with "multilevel degenerative disc disease" in August 2005. Dr. Kahle prescribed nonsurgical, chronic pain management treatment.

Wolvin saw neurosurgeon Dr. Todd Trier in December 2005 to get another opinion. Wolvin complained of pain and explained he could sleep only when lying flat on a firm surface. Dr. Trier noted that Wolvin arose slowly from the examination chair. But Wolvin did not exhibit acute distress, demonstrated normal gait and good strength, and had negative straight leg raise testing.

In four appointments between January 2007 and March 2007, some of Wolvin's other doctors found Wolvin lying on the floor when they entered the room. But in at least two of the appointments, the doctors described Wolvin as "able to jump to his feet" and "get up with little difficulty" and "fairly agile." The doctors described either no acute distress, no apparent distress, or no distress at all.

Wolvin then started treatment in September 2007 with Dr. Courtney Hogendorn. Dr. Hogendorn, who specializes in physical medicine and rehabilitation, had the most significant treating relationship with Wolvin. On initial examination, Dr. Hogendorn noted that Wolvin laid on the floor during the appointment. He also noted that Wolvin had normal strength, had negative straight leg raise testing, and exhibited no physical or emotional distress. Dr. Hogendorn recommended continuing pain medication.

Wolvin continued to see Dr. Hogendorn until 2013, during which Wolvin generally showed good progress. However, Wolvin also consistently reported his back pain as a seven out of ten during that period.

B. Medical Opinions

The record contains medical opinions from several sources. These include state agency medical consultants Dr. Pat Chan and Dr. Michael Baumblatt, treating physician

Dr. Kahle, Dr. Trier, and Dr. Hogendorn, consulting neurologist Dr. Julian Freeman, and testifying medical expert Dr. Arthur Lorber.

Dr. Chan issued three opinions. Dr. Chan's November 2005 report opined that Wolvin could perform light work.[1] Dr. Chan's July 2008 report found that Wolvin could perform light work with postural limitations, such as frequent climbing and balancing and occasional kneeling, crouching, stooping, and crawling. And Dr. Chan's December 2013 report concluded Wolvin could perform light work with no limitations. Dr. Baumblatt opined in February 2008 that Wolvin could perform light work subject to several of the limitations Dr. Chan outlined.

Dr. Kahle opined in May 2006 that Wolvin "would require a nonphysically demanding job," meaning "he should avoid jobs that entail repetitive bending, lifting and twisting." Dr. Trier concluded essentially the same in January 2007, emphasizing the twisting limitation as "most important[]."

Dr. Hogendorn issued three opinions, each concluding that Wolvin was restricted to less than sedentary work. In a June 2009 opinion, Dr. Hogendorn found Wolvin capable of sedentary work but with temporary limitations lasting only 6 to 12 months. In an October 2009 opinion, Dr. Hogendorn listed several functional limitations, and noted Wolvin would miss more than four days of work a month due to his impairments or treatment. He also opined that pain or other symptoms would frequently interfere with the attention and concentration needed to perform even simple work tasks. Dr. Hogendorn noted that he had been seeing Wolvin since September 2007, but that these functional restrictions applied as early as the 1980s. In September 2014, Dr. Hogendorn again outlined Wolvin's functional limitations, and opined that pain or other symptoms would occasionally interfere with attention and concentration.

In September 2014, Dr. Freeman, a consulting neurologist, opined that Wolvin could perform less than the full range of sedentary work. Wolvin could walk and stand about one hour a day in brief five- to ten-minute increments; lift, carry, push, and pull no weight frequently or occasionally, up to five pounds rarely, and up to ten pounds extremely rarely. He could rarely make postural changes; would be interrupted in any activity approximately several times an hour, on average, due to leg pain; and would have approximately weekly episodes of marked deterioration in function lasting 8 to 24 hours.

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[1] The regulations define "light work" as "lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds" and "a good deal of walking or standing, or … sitting most of the time with some pushing and pulling of arm or leg controls." 20 C.F.R. § 404.1567(b).

Dr. Lorber provided expert testimony at Wolvin's 2021 hearing at the behest of the ALJ. Dr. Lorber received Wolvin's file the morning of the hearing, after he stepped in to replace another expert. He explained that his review of the files was "not up to [his] usual standards" but he believed that he had sufficient information to help the ALJ.

Dr. Lorber opined that Wolvin could perform sedentary work with some limitations, including some postural restrictions and the need to change positions. He stated "there is no doubt that some of [Wolvin's] activities under direct observation seem exaggerated" and that Wolvin may have been "showboating" when he lied down on the floor during exams. The ALJ asked about records showing that Wolvin was agile in getting up from the floor, and Dr. Lorber stated that he did not catch those notations. When pressed by the ALJ about such discrepancies in the record, Dr. Lorber maintained that his functional capacity analysis was sound and was supported by Wolvin's test results.

C. The ALJ's Decision

The ALJ denied Wolvin's application for disability benefits. In doing so, the ALJ applied the usual five-step disability determination framework set forth in 20 C.F.R. § 404.1520(a). *See Swiecichowski v. Dudek*, 133 F.4th 751, 755 (7th Cir. 2025) (describing the five-step framework).

At step one, the ALJ concluded that Wolvin had not engaged in substantial gainful activity since his alleged disability onset date of July 27, 2005. The ALJ found at step two that Wolvin had the severe impairment of degenerative disc disease of the lumbar spine. At step three, the ALJ concluded that this impairment did not meet or medically equal a listed impairment. *See* 20 C.F.R. §§ 404.1520(a)(4)(i)-(iii).

Before reaching step four, the ALJ determined Wolvin's residual functional capacity (RFC), which is defined as "the most physical and mental work the claimant can do on a sustained basis despite h[is] limitations." *Swiecichowski*, 133 F.4th at 755 (7th Cir. 2025) (citation omitted). In determining Wolvin's RFC, the ALJ reviewed and acknowledged Wolvin's medical records, Wolvin's testimony, and various medical opinions. The ALJ concluded that Wolvin was not as restricted as he alleged or as some doctors found. So, the ALJ found that from July 27, 2005, through October 19, 2013, Wolvin had the RFC to perform at the lowest exertional level—the full range of sedentary work, as defined in 20 C.F.R. § 404.1567(a).

At step four, the ALJ found that Wolvin's impairments prevented him from performing his past relevant work. Finally, at step five, the ALJ found that Wolvin could

perform basic work activity, which exists "in significant numbers in the national economy."

In sum, the ALJ concluded that Wolvin was not disabled within the meaning of the Social Security Act from his alleged onset date of July 27, 2005, through October 19, 2013. The district court affirmed.

II.

On appeal, Wolvin raises two issues. First, he argues the ALJ erred in evaluating his subjective symptoms and complaints. Second, he asserts the ALJ erred in evaluating the medical opinions.

In resolving these arguments, we apply a deferential standard, affirming the ALJ's decision "so long as it is supported by substantial evidence, does not contain any legal errors, and builds an accurate and logical bridge from the evidence to its conclusion." *Swiecichowski*, 133 F.4th at 756 (citation modified). Substantial evidence means "such relevant evidence as a reasonable mind might accept as adequate to support a conclusion." *Biestek v. Berryhill*, 587 U.S. 97, 103 (2019) (quoting *Consol. Edison Co. v. NLRB*, 305 U.S. 197, 229 (1938)). On review, "[i]t is not this court's place to '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.'" *Rabdeau v. Bisignano*, 155 F.4th 908, 912 (7th Cir. 2025) (quoting *Gedatus v. Saul*, 994 F.3d 893, 900 (7th Cir. 2021)).

A. Subjective Symptoms and Complaints

We begin with Wolvin's argument that the ALJ used the wrong standard to evaluate his subjective symptoms. At one point, the ALJ said the medical records "fail to substantiate fully" Wolvin's subjective symptoms; at another point, the ALJ stated that Wolvin's "statements concerning the intensity, persistence and limiting effects of these symptoms are not entirely consistent with the medical evidence and other evidence." Wolvin argues the "not entirely consistent" language means the ALJ required the evidence to be entirely consistent with his claims about his symptoms.

We do not read the ALJ's language the same way. Wolvin is correct that such boilerplate language conflicts with the regulations, which require inquiry into whether a claimant's subjective symptoms "can reasonably be accepted as consistent with the objective medical evidence and other evidence." 20 C.F.R. § 404.1529(c). But, as we have explained before, the "fact that the 'ALJ used boilerplate language does not automatically undermine or discredit the ALJ's ultimate conclusion if he otherwise points to information that justifies his credibility determination.'" *Burmester v. Berryhill*, 920 F.3d

507, 510 (7th Cir. 2019) (quoting *Pepper v. Colvin*, 712 F.3d 351, 367–68 (7th Cir. 2013)). Here, the ALJ described and applied the correct standard, considering whether the objective medical evidence, Wolvin's treatments and medications, Wolvin's daily activities, and inconsistencies between Wolvin's subjective complaints and the record substantiated Wolvin's statements about his symptoms. Therefore we are satisfied that the ALJ did not rely on the boilerplate language in determining the credibility of Wolvin's subjective symptoms.

Wolvin's argument that the ALJ failed to adequately consider Wolvin's subjective complaints similarly fails. A claimant's subjective statements as to pain or other symptoms are not, standing alone, conclusive evidence of disability; they must be supported by objective evidence. 42 U.S.C. § 423(d)(5)(A). Here, the ALJ considered the objective medical evidence in the record of Wolvin's imaging results and physical examinations, noting multiple examples of Wolvin showing no distress or acute distress; walking with a normal gait; walking on his heels and toes, as well as doing deep knee bends; demonstrating normal strength; engaging in negative straight leg raise testing; and getting up from the floor with ease. The ALJ also considered the intensity of Wolvin's symptoms, *see* 20 C.F.R. § 404.1529(c)(2), recognizing that Wolvin reported chronic, severe, and progressively worsening lower back pain with decreased range of motion. And the ALJ considered the symptoms' limiting effects, *see id.* § 404.1529(c)(1), crediting Wolvin's own statements about how his conditions affect his ability to sit, stand, walk, lift, twist, complete tasks, and concentrate. Ultimately, the ALJ concluded that, given the objective medical evidence, a restriction to sedentary work adequately addressed any limitations associated with Wolvin's conditions.

All of Wolvin's challenges to the ALJ's assessment of his subjective complaints boil down to claims that the ALJ should have given more weight to evidence Wolvin proffered. But since we conclude that the ALJ considered all relevant evidence—including both the positive and negative developments in Wolvin's condition—in forming his opinions about Wolvin's subjective symptoms, "we cannot replace his judgment with ours." *Bakke v. Kijakazi*, 62 F.4th 1061, 1070 (7th Cir. 2023).

B. Medical Opinions

We now consider whether the ALJ erred in analyzing the medical opinions. The ALJ gave partial weight to Dr. Chan's and Dr. Baumblatt's opinions that Wolvin could perform light work. The ALJ partially discounted their opinions because subsequent evidence (that the doctors did not review) suggested Wolvin's condition required further restrictions. And the ALJ rejected their opinions as to postural limitations. The ALJ noted that "postural limitations do not typically erode the occupational base for sedentary,

unskilled work." The ALJ also observed that Wolvin had good strength, agility, and neurological function, "good to only mildly reduced range of motion," and could perform some daily activities. Wolvin contends that the ALJ ignored an entire line of contrary evidence when weighing Dr. Chan's and Dr. Baumblatt's medical opinions. But this argument essentially repeats Wolvin's attack on the ALJ's alleged failure to justify the sedentary work determination discussed above, and it fails for the reasons we already discussed.

We similarly find no error in the ALJ's decision to give partial weight to Dr. Kahle's and Dr. Trier's opinions that Wolvin could perform a non–physically demanding job, which the ALJ said a limitation to sedentary work accommodates. Wolvin contends that the restriction to sedentary work does not address Dr. Kahle's and Dr. Trier's recommended limitation on "repetitive" lifting, bending, and twisting. But as the ALJ explained, "Dr. Kahle's concerns over the claimant's ability to lift are addressed in the residual functional capacity limitation to sedentary work, which allows for frequent lifting of less than ten pounds and occasional lifting of no more than ten pounds."

We take Wolvin's point that the ALJ may have been imprecise in stating that the RFC limitation to sedentary work "allows for frequent lifting." But reading the relevant regulations together, we find, as the Commissioner argued, that an RFC limitation to sedentary work can account for a restriction on repetitive lifting. The regulations define sedentary work as involving "lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools." 20 C.F.R. § 404.1567(a). The next classification, "light work," "involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds." *Id.* § 404.1567(b). Because it is the RFC limitation to light work that involves repetitive lifting, whereas a restriction to sedentary work merely involves "occasional" lifting, the ALJ's RFC limitation to sedentary work was consistent with the restriction on repetitive lifting that Dr. Kahle and Dr. Trier recommended.

Wolvin further contends that the sedentary work limitation does not address Dr. Kahle's and Dr. Trier's postural limitation on "twisting." This argument fails for the simple reason that the ALJ did not adopt the twisting limitation. The ALJ's note that "[Wolvin] has presented as fairly agile with good strength and good to only mildly reduced range of motion at times" clarifies that the ALJ did not view the evidence as supporting a twisting limitation.

Wolvin also takes issue with the ALJ's decision to discount several of Dr. Hogendorn's opinions. But contrary to Wolvin's contentions, the ALJ gave some weight to, and found Wolvin had functional limitations in part because of, Dr. Hogendorn's

opinions. Wolvin's arguments that the ALJ ignored Dr. Hogendorn's opinions when he found that Wolvin did not require attention and concentration limitations also fail. The ALJ did not find, as was his prerogative in weighing the evidence, the need for attention and concentration restrictions given the records showing Wolvin's lack of distress in that area.

Wolvin next challenges the ALJ's decision to give little weight to Dr. Freeman's September 2014 opinion that Wolvin could perform less than the full range of sedentary work. The ALJ discounted the opinion because it was dated a year after the Social Security Administration found that Wolvin became disabled; was based in part on consideration of evidence not "wholly relevant to the inquiry" at hand; and contradicted evidence showing Wolvin's relatively good function across examinations. This was not error. Wolvin is right that ALJs can find a disability based in part on retrospective opinions "corroborated by evidence contemporaneous with the eligible period." *Estok v. Apfel*, 152 F.3d 636, 640 (7th Cir. 1998) (citations omitted). But here the ALJ determined that Dr. Freeman's retrospective opinion contradicted findings in the record. Faced with competing opinions, the ALJ had to decide which opinion to credit. We cannot say, as a matter of law, that the ALJ made the wrong choice. *See Donahue v. Barnhart*, 279 F.3d 441, 444 (7th Cir. 2002) ("[T]he resolution of competing arguments based on the record is for the ALJ, not the court.").

Finally, Wolvin questions the ALJ's treatment of Dr. Lorber's opinions. The ALJ gave little weight to Dr. Lorber's opinion that Wolvin could perform a limited range of sedentary work because, the ALJ concluded, Dr. Lorber had insufficient opportunity to review Wolvin's file before rendering his opinions. The ALJ noted Dr. Lorber did not know about record notations demonstrating Wolvin could perform some daily activities and showing Wolvin rose easily from lying on the floor. And the ALJ noted inconsistencies between the findings and Dr. Lorber's opinion. The ALJ also remarked that a restriction to sedentary work accommodated the need to change positions and postural restrictions.

We see no error in the ALJ's credibility assessment of Dr. Lorber's testimony. Wolvin views the ALJ's conclusion that Dr. Lorber was not adequately aware of his activities as unreasonable. But any error in this respect is not alone a reason to disturb the ALJ's conclusion. Considering Dr. Lorber's mistakes regarding Wolvin's agility—a theme that came up throughout Wolvin's treatment history—we cannot say that the ALJ erred by second guessing Dr. Lorber's preparation and discounting his opinion accordingly.

Wolvin next highlights that the ALJ wanted expert testimony on short notice, and ultimately discounted it because Dr. Lorber did not have sufficient time to review

Wolvin's file. But Wolvin concedes that the ALJ is not obligated to obtain a testifying medical expert at all. Nothing prohibited the ALJ from asking for a same-day expert review and later deciding not to give the expert's testimony much weight because with or without the testimony, "[t]he record contained adequate information for the ALJ to render a decision." *Skinner v. Astrue*, 478 F.3d 836, 844 (7th Cir. 2007).

Finally, Wolvin raises a handful of arguments centering on whether the ALJ violated certain procedural requirements related to medical experts. But he made these arguments for the first time in his motion to alter the judgment, and the district court rejected them because he did not present them in his initial brief. Because the district court did not address these arguments on the merits, they are waived and we will not consider them. *See Gerhartz v. Richert*, 779 F.3d 682, 686–87 (7th Cir. 2015) (explaining that an issue raised for the first time in a motion under Rule 59(e) is not subject to appellate review unless the district court addressed it on the merits).

* * *

Wolvin makes a number of additional arguments not discussed here. But each argument asks us to redo the ALJ's credibility determinations or reweigh the evidence in Wolvin's favor. Because precedent forecloses us from doing so, we discuss these additional arguments no further. *Bakke*, 62 F.4th at 1070.

III.

Substantial evidence supports the ALJ's determinations. We therefore AFFIRM**.**