

NOT FOR PUBLICATION

In the
United States Court of Appeals
For the Eleventh Circuit

No. 25-10963
Non-Argument Calendar

JONATHAN ALLEN WRIGHT,

Plaintiff-Appellant,

versus

SOCIAL SECURITY ADMINISTRATION, COMMISSIONER,

Defendant-Appellee.

Appeal from the United States District Court
for the Southern District of Florida
D.C. Docket No. 0:24-cv-60378-WM

Before KIDD, ANDERSON, and WILSON, Circuit Judges.

PER CURIAM:

Jonathan Allen Wright appeals the district court's order affirming the Commissioner of the Social Security Administration's denial of his claim for disability insurance benefits. Wright argues

that the administrative law judge erred in discrediting three of Wright's treating physicians' opinions as unpersuasive and in treating Wright's subjective complaints of pain and impairment as inconsistent with the record. After careful review, we affirm.

I. BACKGROUND

Jonathan Allen Wright applied for disability insurance benefits ("DIBs"), alleging June 27, 2020, as his disability onset date. He asserted that he was unable to work due to traumatic subdural hematoma with residual symptoms, including headaches and seizures, as well as depressive and anxiety disorders. After the Commissioner denied his application, Wright requested a hearing before an administrative law judge ("ALJ"). On June 7, 2023, the ALJ determined that Wright was not disabled and denied his application for benefits. The Appeals Council denied Wright's request for review. Thereafter, Wright filed a complaint challenging the Commissioner's denial of his DIBs claim. After the parties consented, the magistrate judge entered an order affirming the Commissioner's decision. This appeal followed.

II. STANDARD OF REVIEW

We review Social Security cases to determine whether the Commissioner's decision was supported by substantial evidence and whether the correct legal standards were applied. *Winschel v. Comm'r of Soc. Sec.*, 631 F.3d 1176, 1178 (11th Cir. 2011). If an ALJ "denies benefits and the [Appeals Council] denies review, we review the ALJ's decision as the Commissioner's final decision." *Doughty v. Apfel*, 245 F.3d 1274, 1278 (11th Cir. 2001).

25-10963

Opinion of the Court

3

The Commissioner’s factual findings must be supported by substantial evidence, meaning “more than a scintilla” and “such relevant evidence as a reasonable person would accept as adequate to support a conclusion.” *Winschel*, 631 F.3d at 1178 (quoting *Crawford v. Comm’r of Soc. Sec.*, 363 F.3d 1155, 1158 (11th Cir. 2004)). “We will affirm the Commissioner’s decision if it is supported by substantial evidence, even if the preponderance of the evidence weighs against it.” *Buckwalter v. Acting Comm’r of Soc. Sec.*, 5 F.4th 1315, 1320 (11th Cir. 2021). In reviewing for substantial evidence, we do “not decide the facts anew, make credibility determinations, or reweigh the evidence.” *Id.* Even so, we “will not affirm simply because some rationale might have supported the ALJ’s conclusion.” *Id.* (citation modified). We review de novo the legal principles applied by the Commissioner. *Raper v. Comm’r of Soc. Sec.*, 89 F.4th 1261, 1268 (11th Cir.), *cert. denied*, 145 S. Ct. 984 (2024).

III. DISCUSSION

On appeal, Wright argues that the ALJ’s rejection of three medical source opinions was not supported by substantial evidence. He also argues that the ALJ’s rejection of his own subjective complaints of pain and impairment was not supported by substantial evidence. We address each argument in turn.

A. Medical Source Opinions

The ALJ rejected as unpersuasive the medical source opinions of three of Wright’s doctors. To determine whether a claimant is disabled, the ALJ considers, among other evidence, medical opinions, which are “statement[s] from a medical source about what

[the claimant] can still do despite [his] impairment(s),” and prior administrative medical findings, which are “finding[s], other than the ultimate determination about whether [the claimant is] disabled, about a medical issue made by [the Social Security Administration’s] Federal and State agency medical and psychological consultants at a prior level of review.” 20 C.F.R. § 404.1513(a)(2), (5). For claims filed on or after March 27, 2017, the ALJ will not defer or give any specific evidentiary weight to any medical opinion or prior administrative finding. *Id.* § 404.1520c(a).

Instead, the ALJ must determine the persuasiveness of medical opinions and prior administrative medical findings by considering five factors: (1) supportability; (2) consistency; (3) “[r]elationship with the claimant”; (4) specialization; and (5) “other factors.” *Id.* § 404.1520c(c)(1)–(5). Supportability and consistency are the “most important” factors. *Id.* § 404.1520c(b)(2). The ALJ is required to articulate how he or she considered the supportability and consistency factors, but not the remaining factors. *Id.* As to supportability, the more relevant the objective medical evidence and explanations are to the medical opinions, the more persuasive the opinion is. *Id.* § 404.1520c(c)(1). As to consistency, the more consistent a medical opinion is with evidence from other sources, the more persuasive the opinion is. *Id.* § 404.1520c(c)(2). However, “there are no magic words” that the ALJ must use in stating the weight given to medical opinions or the reasons for discounting them. *Raper*, 89 F.4th at 1276 n.14.

1. Dr. Mariana Danet, M.D.

Dr. Danet was Wright's treating psychiatrist, who began treating him in October 2019. Dr. Danet provided a medical source opinion on December 16, 2021. Therein, she noted that Wright suffered from major depressive disorder and generalized anxiety disorder. She opined that Wright had marked limitations in the areas of activities of daily living and maintaining social functioning, and marked-to-extreme limitations in maintaining concentration, persistence, or pace. She stated Wright would miss more than four days of work per month.

The ALJ found Dr. Danet's opinion unpersuasive and overly restrictive in light of the record evidence. As to supportability, the ALJ acknowledged that, at times, Wright exhibited impairments in areas such as memory, attention, and executive functioning, but at other times during the relevant period, Wright exhibited normal and intact memory. Wright argues on appeal that Dr. Danet's progress notes "repeatedly [document] the findings that support her opinion." But the ALJ recognized this while finding that, at other times, Dr. Danet observed Wright to have adequate memory. *Buckwalter*, 5 F.4th at 1320 ("We will affirm the Commissioner's decision if it is supported by substantial evidence, even if the preponderance of the evidence weighs against it.").

As to consistency, the ALJ found that other medical opinions conflicted with Dr. Danet's opinion and Wright's own statements. For example, the ALJ noted Dr. Broz—another treating physician—had observed Wright to be attentive and cooperative, with

appropriate interpersonal skills, a good rapport, and fluent language. Furthermore, while Wright argues that the ALJ erred by selectively citing contrary record evidence, the ALJ articulated that Wright's treatment records showed, as a whole, that he had responded favorably to treatment and that Wright had continued to engage in activities that required sustained focus, spent time with others, and attended monthly family events. Thus, substantial evidence supports the ALJ's finding.

2. Dr. Jada Santos, Psy. D.

Dr. Santos was Wright's treating psychologist, who began treating him in November 2020. In April 2023, Dr. Santos completed a Mental Impairment Questionnaire. Therein, Dr. Santos noted Wright's diagnoses of major depressive disorder and severe generalized anxiety disorder. Dr. Santos opined that Wright's impairments resulted in moderate to marked limitations in adapting or managing himself and in concentration, persistence, or pace, and he would miss more than four days of work per month. She explained that "[u]naddressed psychological symptomatology can further deteriorate cognitive functioning [and] create greater deficits." In support of her opinion, Dr. Santos noted that Wright "had a traumatic brain injury with residual seizures, headaches, dizziness, vertigo, as well as global cognitive deficits."

The ALJ found this opinion unpersuasive. As to supportability, the ALJ observed that Dr. Santos's notes reflect that Wright's psychiatric symptoms had responded favorably to treatment since

25-10963

Opinion of the Court

7

his disability onset date, he was progressing, and he did not otherwise require inpatient treatment. Dr. Santos's records also repeatedly observed Wright to be appropriately dressed, with adequate grooming and hygiene, and she consistently observed him to be cooperative, with normal eye contact, normal speech and language, logical and coherent thought processes, and appropriate attentiveness. As to consistency, the ALJ again observed that Wright reported he was able to engage in activities that required sustained focus, was able to talk on the phone, and attended family events on a monthly basis.

Wright argues that the ALJ selectively cited erroneous evidence of record in discrediting Dr. Santos's opinion. But substantial evidence supports the ALJ's findings because, as the ALJ stated, the medical records showed that Wright's mental health responded positively to treatment, especially with medication, Wright could maintain his hygiene, and he could maintain relationships with others. In this vein, Wright argues that it was error for the ALJ to conclude that Dr. Santos's opinion was undermined because Wright presented well at his appointments, citing *Simon v. Commissioner, Social Security Administration*, 7 F.4th 1094, 1107 (11th Cir. 2021).

In *Simon*, the Court observed that "highly generalized statements," such as that a claimant was cooperative, had organized speech, or had intact cognition were not enough to reject a treating physician's opinion as inconsistent. *Id.* However, the disability claims in *Simon* were filed in 2015, before the adoption of regulations that changed the framework by which ALJs weigh medical

opinions, and this Court explained that it had not considered how the new regulation impacted precedent regarding the weight an ALJ must give to a claimant's treating physician. *Id.* at 1097, 1104 n.4; *see also Harner v. Soc. Sec. Admin.*, 38 F.4th 892, 896 (11th Cir. 2022) (recognizing that earlier precedent applying the treating physician rule had been abrogated by regulation). In any event, the ALJ made this finding in the context of supporting her conclusion that Dr. Santos's opinion was inconsistent with other evidence of record, and this was only one of the ALJ's reasons for discounting the opinion. Thus, substantial evidence supports the ALJ's findings.

3. Dr. Tarek Zakaria, M.D.

Dr. Zakaria was Wright's treating neurologist, who began treating Wright for his seizures in August 2020. In December 2021, Dr. Zakaria opined that Wright would constantly experience symptoms severe enough to interfere with his attention and concentration needed to perform simple work tasks. He described that Wright had epilepsy and listed his symptoms as "seizures, headaches, vertigo, [and] cognitive deficits." Dr. Zakaria indicated that Wright also experienced depression and anxiety. Dr. Zakaria opined that Wright would be "[i]ncapable of even 'low stress' jobs" and could not lift more than ten pounds. Dr. Zakaria also stated that Wright could sit or stand for only fifteen minutes at a time, must take frequent walking breaks, and would need unscheduled breaks every two to three hours. Dr. Zakaria stated that Wright would miss more than four days of work per month.

25-10963

Opinion of the Court

9

The ALJ found Dr. Zakaria's opinion unpersuasive. As to supportability, the ALJ found that Dr. Zakaria's opinion that Wright could not perform even sedentary work was unsupported by his own medical records finding that Wright's seizures and headaches were fairly well controlled with medication. Further, Dr. Zakaria's records repeatedly found that Wright had intact strength in his extremities, with normal sensation and normal reflexes.

As to consistency, the ALJ found that Wright's treatment records documented few, if any, complaints of alleged side-effects from his seizure medication and did not otherwise have ongoing issues with dizziness, falls, or issues with balance, beside one isolated incident in May 2021 attributable to alcohol intoxication.

Again, these findings were supported by substantial evidence. Wright argues that the ALJ did not provide adequate reasons for discrediting Dr. Zakaria's opinion. However, the ALJ adequately explained that Dr. Zakaria's opinion was unsupported by the record because Wright's seizures and headaches responded well to medication and he made few complaints regarding his balance. As the ALJ stated, Dr. Zakaria's treatment records showed that Wright did not complain of dizziness or balance issues, had normal reflexes, and had almost no seizures while actively taking medication.

Thus, the ALJ did not err in finding that the opinions of Drs. Danet, Santos, and Zakaria were not persuasive. While these three doctors were Wright's treating sources, the ALJ was not required

to give their opinions controlling weight over other medical opinions or prior administrative medical findings. 20 C.F.R. § 404.1520c(a). Instead, the ALJ had to consider the persuasiveness of their opinions and articulate how she considered the supportability and consistency of the opinions. *Id.* § 404.1520c(c)(1)–(5). The ALJ did just that, and substantial evidence supports her findings.

B. *Subjective Complaints*

The ALJ found that Wright’s subjective complaints were not as limiting as he described. After considering a claimant’s subjective complaints, the ALJ may reject them as not credible, and we review that determination for substantial evidence. *Marbury v. Sullivan*, 957 F.2d 837, 839 (11th Cir. 1992) (per curiam). Where the ALJ makes a clearly articulated credibility finding and points to specific reasons for discrediting the claimant’s complaints, we will not disturb that finding. *Mitchell v. Comm’r, Soc. Sec. Admin.*, 771 F.3d 780, 782 (11th Cir. 2014). The credibility determination does not need to cite particular phrases or formulations, but it cannot be merely a broad rejection that does not allow us to conclude that the ALJ considered a claimant’s medical condition as a whole. *Dyer v. Barnhart*, 395 F.3d 1206, 1210 (11th Cir. 2005) (per curiam).

A claimant’s subjective complaints are insufficient by themselves to establish a disability. 20 C.F.R. § 404.1529(a); see *Raper*, 89 F.4th at 1277. But a claimant’s subjective testimony of pain and other symptoms can establish a finding of disability if the medical evidence supports it. *Raper*, 89 F.4th at 1277. The claimant must show evidence of an underlying medical condition and that either

25-10963

Opinion of the Court

11

objective medical evidence confirms the severity of the alleged symptoms or the objectively determined medical condition is severe enough that it could reasonably be expected to give rise to the alleged symptoms. *Id.* Once this is established, the ALJ then evaluates the intensity and persistence of a claimant's alleged symptoms and their effect on the claimant's ability to work. 20 C.F.R. § 404.1529(c). When evaluating the extent to which a claimant's symptoms affect the capacity to perform basic work activities, the ALJ considers the claimant's daily activities; the location, duration, frequency, and intensity of the symptoms; precipitating aggravating factors; the type, dosage, effectiveness, and side effects of medication taken to alleviate symptoms; treatment other than medication; any measures used to relieve symptoms; other factors concerning functional limitations and restrictions due to symptoms; and inconsistencies between the evidence and subjective statements. *Id.* § 404.1529(c)(3), (4).

With regard to Wright's brain injury, the ALJ acknowledged Wright's subdural hematoma. However, the ALJ found that the symptoms he complained of were not as severe, persistent, or limiting as Wright alleged. Rather, Wright's seizures and headaches had been well controlled by his medications. The ALJ explained that the medical records documented few, if any, complaints from Wright regarding medication side effects, and his providers continuously observed him to be awake and alert.

With regard to Wright's mental impairments, the ALJ acknowledged Wright's diagnoses of major depressive disorder

and generalized anxiety disorder and that he had been prescribed psychotropic medications. She further acknowledged that Wright had complained to his treating doctors of memory loss and problems with attention and concentration. But the ALJ determined that the records showed that Wright had responded favorably to treatment.

Wright argues that the ALJ selectively cited from the evidence of record in making this finding and asserts that there is no evidence of cognitive improvement. But the ALJ cited numerous portions of the record to support this conclusion. For example, she noted that several subsequent depression screenings by Wright's primary care doctor and gastroenterologist were negative. Additionally, during a visit to his primary care doctor in November 2021, Wright reported that, with the aid of his psychotropic medications, he was doing well with regard to his anxiety and depression, he had experienced improvement in his mood, and he had experienced improvement in his attention span. The ALJ acknowledged that sometimes Wright exhibited impaired memory, but other times, he had not. However, throughout the relevant period, Wright had exhibited fair to good insight and judgment, been appropriately dressed, and maintained his own hygiene. He also continued to attend family events and was able to focus on things such as television, movies, books on tape, and reading.

Finally, Wright claims that the ALJ viewed inpatient psychiatric treatment as a prerequisite for mental impairment. Not so. The ALJ addressed Wright's lack of inpatient psychiatric treatment

25-10963

Opinion of the Court

13

to demonstrate Wright's improvement and considered his positive response to medication and treatment as dispositive.

The ALJ properly evaluated Wright's subjective complaints of physical and mental impairments using the factors outlined in 20 C.F.R. § 404.1529(c)(3) and (4). The ALJ stated that Wright's statements about the intensity, persistence, and limiting effects of his conditions were inconsistent with the record and, in contrast with Wright's argument that the ALJ selectively cited the record, proceeded to identify numerous specific inconsistencies. These specific reasons were supported by substantial evidence for discrediting Wright's subjective complaints. *Mitchell*, 771 F.3d at 782. While the ALJ did not explicitly reference the factors set out in 20 C.F.R. § 404.1529(c), credibility determinations do not need to cite specific phrases or formulations, and the ALJ's statements show that the ALJ considered Wright's medical condition as a whole. *Dyer*, 395 F.3d at 1210.

IV. CONCLUSION

We **AFFIRM** the district court's order affirming the Commissioner of the Social Security Administration's denial of Wright's claim for disability insurance benefits.