2025 WL 3551882
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United States District Court, N.D. Georgia, Atlanta Division.

EILEEN STEWART, Plaintiff,
v.
UNUM LIFE INSURANCE COMPANY OF AMERICA and UNUM GROUP CORP., Defendants.

1:23-CV-04488-ELR
|
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Attorneys and Law Firms

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ORDER

Eleanor L. Ross United States District Judge Northern District of Georgia

***1** This matter is before the Court on Defendants' Motion for Judgment on the Administrative Record [Doc. 20] and Plaintiff's Motion for Judgment on **ERISA** Record [Doc. 21]. Having been fully briefed, both motions are ripe for review and addressed below.

In this action pursuant to 29 U.S.C. § 1132(a)(1)(B), Plaintiff Eileen Stewart challenges Defendants Unum Life Insurance Company of America and Unum Group Corporation's (collectively, "Unum Life") [1] decision to terminate Stewart's long-term disability ("LTD") benefits. [2] Stewart contends that although she provided evidence of her disability from her treating medical provider and other sources, Unum Life ultimately upheld its denial of her LTD benefits claim and denied her appeal, giving unwarranted weight to its own medical reviewers' opinion that Stewart was not disabled under the terms of the policy at issue. Unum Life maintains that it engaged in several rounds of review of Stewart's medical records before denying Stewart's appeal based on the totality of the medical evidence. According to Unum Life, it issued Group Insurance Policy No. 564765 001 (the "Policy") to Emory Healthcare, Inc. The Policy funds Emory's employee LTD benefits plan (the "Plan")), which is governed by the **Employee Retirement Income Security Act** of 1974, as amended ("**ERISA**"), 28 U.S.C. § 1001, *et seq.* According to Unum Life, because the Policy confers discretion on Unum Life to determine the claimant's eligibility for benefits and to interpret the Plan's terms and provisions, the Court reviews its LTD benefits denial decision under the arbitrary and capricious standard. And, Unum Life argues, its decision must be upheld under that standard because there are multiple reasonable bases for its denial. Stewart does not dispute the standard of review. Rather, she counters that Unum Life's rejection of her complaints and her doctors' opinions in favor of those of its non-examining medical consultants was arbitrary and that Unum Life's history of handling claims in a manner infested with conflicts of interest compels the conclusion that its decision in Stewart's case was also biased.

Because the Parties seek a decision based on an agreed-upon administrative record, "judicial economy favors using findings of fact and conclusions of law pursuant to [Rule] 52." Acree v. Hartford Life & Accident Ins. Co., 917 F. Supp. 2d 1296, 1304 (M.D. Ga. 2013). Accordingly, the Court presents its findings and conclusions below. [3]

I. FINDINGS OF FACT

A. Stewart's Illness

***2** Stewart worked as a Registered Nurse (specifically, Nurse Clinician II) for Emory Healthcare, Inc. until February 3, 2021. AR 21, 72, 292, 298. In addition to having certain minimum education and experience-based qualifications, Stewart's position required her to meet medium to heavy physical demands—i.e., lifting 36–75 lbs., 20–35 lbs. frequently, and 10–20 lbs. constantly; carrying up to 35 lbs.; standing and walking occasionally to frequently; and sitting occasionally—and to perform close eye work involving computers, typing, reading, and writing. AR 294–95.

Stewart stopped work on the advice of her cardiologist, Dr. Alexis Cutchins, after calling Dr. Cutchins and relaying to her that she could not work 12-hour shifts. AR 224. Stewart complained of bad headaches, body aches, congestion, fatigue, and a fever (body temperature of 102º C) for five days. Id. Although Stewart tested negative for **COVID-19** several times, following her second **COVID-19** vaccine, she reported a rapid heart rate, dizziness, fever, and lightheadedness. AR 170, 224, 397. Stewart visited Dr. Cutchins's office on March 24 and April 28, 2021, for "post viral syndrome" and "post-**COVID** symptoms," although she had never tested positive for **COVID-19**. AR 112–13, 117, 154–55. Dr. Cutchins noted that Stewart's symptoms were "most likely all related to reaction to the vaccine." AR 117. Stewart reported "sudden tachycardia" and tiring out without having exerted herself. AR 113. Stewart continued to run a low-grade fever ("max 100.9"). Id. Stewart also reported having completed three weeks of rehab with "some improvement." AR 160.

During a May 24, 2021 telehealth visit, Dr. Cutchins noted that Stewart had "post-**COVID** long hauler syndrome," that she was "severely iron deficient," that she had "persistent rash and low-grade fever," and that her "blood sugar is going crazy[.]" AR 108. Stewart reported her vital signs to Dr. Cutchins during the telehealth visit. AR 109. And Stewart had reportedly not gone a whole day without a fever. Id. As relevant here, Dr. Cutchins assessed Stewart as having "post-**COVID 19** Syndrome" and "tachycardia." AR 110. Another telehealth visit with Dr. Cutchins followed on June 21, 2021, with Stewart continuing to report substantially the same conditions and Dr. Cutchins maintaining her assessment of Stewart as having post-**COVID-19** syndrome and tachycardia. AR 105. Dr. Cutchins also included an assessment of hypertriglyceridemia, for which she noted that Stewart was seeing an endocrinologist. Id. She continued to advise that Stewart remain out of work beyond July 23, 2021, due to tachycardia, fever, and headaches, and she noted that Stewart could not stand for greater than 10 minutes or exercise and needed frequent breaks and consistent access to hydration. AR 96–97. During a September 13, 2021 visit with Dr. Cutchins, Stewart reported slowly ramping up her bike rides and feeling an improvement in her energy but also continued to report a fast heart rate with minimal exertion and occasional dizziness and fever. AR 590–91. Dr. Cutchins advised continuing with Stewart's current medications to manage her conditions. AR 591–92. And, on the same day, she advised that Stewart's prospect for a return to work (limited to no more than 4 hours a day with breaks) should be reassessed in three months. AR 255–56.

B. Stewart's LTD Claim

Under the Plan, a claimant is considered disabled when Unum Life determines that he or she is "**limited** from performing the **material and substantial duties** of [his or her] **regular occupation** due [his or her] **sickness** or **injury**; and ... [has] a 20% or more loss in [his or her] **indexed monthly earnings** due to the same sickness or injury." AR 191 (emphasis in original). After 24 months of disability payments, a claimant is disabled if Unum Life determines that "due to the same sickness or injury, [the claimant is] unable to perform the duties of any **gainful occupation** for which [he or she is] reasonably fitted by education, training or experience." [4] Id. (emphasis in original). The Plan additionally requires that the claimant be under the "regular care of a physician" to be considered disabled. Id.

***3** Unum Life approved Stewart's LTD claim from August 16, 2021, through December 15, 2021, and informed Stewart that it would then seek a full medical update to determine her return-to-work capacity. AR 548–49. In January 2022, at Unum Life's request, Stewart authorized the release of her medical records to facilitate the continuing review of her LTD claim. AR 287, 582. Stewart's updated medical records included a December 15, 2021 visit to Dr. Cutchins' office. AR 685–90. Stewart reported walking daily for 20–25 minutes and having random periods of shortness of breath that were not linked to any activity.

AR 685. No changes in Stewart's medications were proposed. AR 686. During a March 18, 2022 follow up phone call with Unum Life, Stewart noted that she had some memory loss/brain fog and mild tachycardia, could do no more that bathe, cook, clean, and exercise 20–30 minutes a day without feeling significantly fatigued, and experienced occasional lightheadedness and dizziness. AR 709.

Shortly thereafter, during a March 24, 2022 visit to Dr. Cutchins' office, Stewart reported developing brain fog with less than 30 minutes of time on the computer. AR 713. She continued to report random periods of shortness of breath and felt "washed out" after 30 minutes of walking or bike riding. Id. The practitioner who consulted with Stewart (Kara Botters) suggested discussing with Dr. Cutchins the off-label use of another medication to calm Stewart's sympathetic nervous system and noted that Stewart remained "unable to work even at reduced capacity." AR 713–14. On April 1, 2022, Dr. Cutchins' office advised Unum Life that Stewart was incapable of performing the demands of her job full-time because she could not walk or stand for more than 30 minutes without feeling "washed out." AR 872.

On May 2, 2022, Unum Life's Allison Trelegan, RN, BSN, analyzed Stewart's medical records and opined that the medical information did not support Stewart's inability to perform the demands of her job. AR 946–50. Specifically, Ms. Trelegan noted that Stewart's records showed that her heart rate was well controlled with medication, past EKGs showed normal sinus rhythm or sinus tachycardia with no arrythmias. AR 949. She also noted that other relevant chest, cardiac, and blood vessel scans revealed no significant abnormalities, that Stewart's other conditions, such as diabetes, hypothyroidism, and iron deficiency, were being controlled, and that, although Stewart reported brain fog, her mental status exams were within normal limits. Id.

Next, on May 19, 2022, Jeanine Walter Misirli, MD, a medical consultant specializing in family medicine, reviewed Stewart's medical record for Unum Life. AR 994–98. On May 17, 2022, Dr. Misirli spoke with Dr. Cutchins, who reiterated her opinion that Stewart was unable to meet the demands of her job as she could not walk or stand for more than 30 minutes without feeling "washed out." AR. 994. Noting that she gave "significant weigh" to Dr. Cutchins's opinion, Dr. Misirli opined that the evidence did not support a finding that Stewart was precluded from performing her job full-time. AR 995. Specifically, Dr. Misirli explained that (1) Stewart's physical exam findings did not support that she was precluded from performing the functional demands of her job; (2) her vital signs (with the exception of three recorded instances in March and September 2021 and May 2022 where her heart rate was 101, 101, and 104, respectively, which represented a "mild elevation") and hematology/oncology, endocrinology, and other exams were normal; (3) her reports did not document any cognitive deficits; and (4) her diagnostic tests (i.e., electrocardiograms, carotid ultrasound, lower extremity ultrasound, and chest CT scans) either showed no abnormalities or showed no abnormalities that would corelate with severe symptoms (i.e., because Stewart's echocardiogram was normal and there was no evidence of peripheral vascular disease, mild heart rate elevation (tachycardia) was unlikely to cause severe symptoms). AR 995–96. Dr. Misirli also noted that Stewart's laboratory test results did not correlate with the level of her reported impairment and that Stewart's documented activities appeared incongruous with her stated level of impairment. Dr. Misirli noted, for example, that Stewart reportedly could walk 25–30 minutes without shortness of breath and reported that her brain fog was intermittent but also that it developed within less than 30 minutes on a computer. AR 996–97. Dr. Misirli found the information in Stewart's medical file sufficient for her analysis and did not find it necessary for Stewart to undergo an independent medical exam. AR 998. As the next step, Dr. Misirli referred Stewart's record for review by a Designated Medical Officer ("DMO"). AR 998.

***4** Thus, on May 24, 2022, DMO Beth Schnars, MD (internal medicine) reviewed Stewart's medical records and agreed with Dr. Misirli's assessment that the records did not support the restrictions and limitations precluding Stewart from performing her job. AR 1007–09. Thereafter, on May 25, 2022, Dr. Misirli again spoke with Dr. Cutchins and asked about Stewart's cognitive condition. AR 1031. According to Dr. Misirli, Dr. Cutchins reportedly had not observed any abnormal cognition in Stewart but noted that Stewart reports that it occurs. AR 1031.

Based on the reviews of Stewart's medical records, Unum Life determined that Stewart was no longer precluded from performing her job duties and notified her to the decision to terminate her LTD benefits. AR 1074, 1081–88.

C. The Appeal

Through counsel, Stewart appealed Unum Life's denial of her LTD benefits on November 23, 2022. AR 1155–58. As part of her appeal, Stewart submitted various medical records, a Functional Capacity Evaluation ("FCE") report dated October 2, 2022, and declarations by Stewart and two of her family members. See AR 1156. The FCE report assessed Stewart's physical capabilities through activities such as prolonged sitting and standing, stair climbing, balancing, repetitive bending, and crawling, and concluded that she was below sedentary capacity. AR 1165, 1168, 1178–80. The FCE noted, for example, that Stewart was unable to complete the assigned activity, her progress declined, she became labored, or her heart rate increased during exertions (with a maximum recorded heart rate of 125 BPM). AR 1178–80.

On December 7, 2022, Mathew Lundquist, MD (occupational medicine) reviewed Stewart's available medical and file information and concluded that she was not precluded from performing the demands of her job. AR 1375. He explained, for example, that the record documents normal exams; there is no documentation of elevated heart rate during exams for the period under review; although the FCE recorded a maximum heart rate of 124, the rate was within the activity parameters for exercise; and Stewart had noted a cessation in headaches and she was able to exercise. AR 1376–77.

In response to Dr. Lundquist's assessment, Stewart submitted Stewart's medical records, a December 1, 2022 medical opinion form by Dr. Cutchins, a January 5, 2023 Neuropsychological Diagnostic ("NP") Report, and a January 16, 2023 Vocational Rehabilitation Assessment. See AR 1400–01. In the form submitted by Stewart, Dr. Cutchins reiterated the diagnosis of post viral syndrome, tachycardia, and memory loss, considered Stewart's subjective complaints reasonable, classified Stewart as having marked limitation of physical activity, and deemed her as requiring two hours of rest for every two hours of work and unable to attend to a task or reliably follow work instructions due to regular lapses in concentration or memory. AR 1408–10. Citing to Dr. Cutchins' diagnosis of post-viral syndrome, her opinion that Stewart remains disabled from performing the demands of her job or other work, and the results of the FCE, the vocational assessment concluded that Stewart is disabled from any occupation for which she is trained and qualified. AR 1582. Finally, Stewart's NP Report, which presented the evaluation of her cognitive and emotional functioning, concluded that although Stewart met the criteria for a diagnosis of Mild Neurocognitive Disorder, her cognitive profile was "not typical for a post-viral syndrome." AR 1478. The NP Report recommended, among other things, that Stewart be evaluated by a neurologist to determine whether additional tests (such as an MRI scan) would be beneficial. AR 1479.

***5** On January 27, 2023, Dr. Lundquist reviewed the additional documents submitted by Stewart, but his opinion remained unchanged. AR 1609. Specifically, Dr. Lundquist noted nothing of concern in Stewart's latest medical records and, while he acknowledged that Stewart's NP evaluation recorded deficits in her visuospatial perception and construction and encoding information, he also considered that she had intact retention and retrieval and an otherwise intact cognitive profile not typical for post-viral syndrome. Id. Thus, he opined that the results of Stewart's NP evaluation did not preclude the cognitive demands of Stewart's job. Id.

On February 14, 2023, Stewart submitted additional medical reports as well as other documents such as deposition and trial testimony from other lawsuits allegedly pertaining to Unum Life's profitability goals and bonus payments to its in-house doctors and its exclusive reliance on its own reviewing physicians. See AR 1669–73. Unum Life remained unpersuaded and, on February 29, 2023, informed Stewart that it had completed the appeal review of her LTD claim and was upholding its previous decision that Stewart was "no longer precluded from performing the duties of her regular occupation as of June 1, 2022." AR 2045–46.

II. CONCLUSIONS OF LAW

A. Legal Standard

"Under [**ERISA**, § 1132(a)(1)(B)], a plan administrator's benefits decision is subject to plenary review in federal court unless the administrator is given discretion to determine eligibility or construe the terms of the plan. If the administrator has discretion, a court determines whether its benefits decision was arbitrary and capricious (i.e., whether it lacked a reasonable basis)." Harris

v. Lincoln Nat'l Life Ins. Co., 42 F.4th 1292, 1294 (11th Cir. 2022). Unum Life represents, and Stewart does not dispute, that the Policy contains language vesting Unum Life discretionary authority over benefits determinations and Plan-term construction. [Doc. 20-1 at 19]. Thus, here, the Court reviews Unum Life's decision under the arbitrary and capricious standard.

There are "a well-defined series of steps in reviewing a denial of benefits decision in an **ERISA** case to determine whether the decision of the administrator was arbitrary and capricious," that results in the step-by-step progression of the inquiry or its termination. Campbell v. Reliance Standard Life Ins. Co., 857 F. App'x 570, 572 (11th Cir. 2021) (cleaned up). Specifically, the steps "go[ ] this way:"

> (1) Apply the *de novo* standard to determine whether the claim administrator's benefits-denial decision is "wrong" (i.e., the court disagrees with the administrator's decision); if it is not, then end the inquiry and affirm the decision.
>
> (2) If the administrator's decision in fact is "de novo wrong," then determine whether he was vested with discretion in reviewing claims; if not, end judicial inquiry and reverse the decision.
>
> (3) If the administrator's decision is "de novo wrong" and he was vested with discretion in reviewing claims, then determine whether "reasonable" grounds supported it (hence, review his decision under the more deferential arbitrary and capricious standard).
>
> (4) If no reasonable grounds exist, then end the inquiry and reverse the administrator's decision; if reasonable grounds do exist, then determine if he operated under a conflict of interest.
>
> (5) If there is no conflict, then end the inquiry and affirm the decision.
>
> (6) If there is a conflict, the conflict should merely be a factor for the court to take into account when determining whether an administrator's decision was arbitrary and capricious.

Blankenship v. Metro. Life Ins. Co., 644 F.3d 1350, 1355 (11th Cir. 2011). "In conducting this review, [the court is] limited to the facts as known to the administrator at the time the decision was made." Campbell, 857 F. App'x at 572.

***6** On *de novo* review, "the district court's charge is to put itself in the agency's place, to make anew the same judgment earlier made by the agency." Harris, 42 F.4th at 1294; see also Acree v. Hartford Life & Acc. Ins. Co., 917 F. Supp. 2d 1296, 1306 (M.D. Ga. 2013) ("In making this determination, the Court does not give any deference to [the administrator's] decision and, instead, stands in the shoes of the administrator and starts from scratch, examining all the evidence before the administrator as if the issue had not been decided previously." (cleaned up)).

Because Stewart (pursuant to § 1132(a)(1)(B)) seeks to recover benefits under the Plan, she "bears the burden of proving [her] entitlement to contractual benefits." Horton v. Reliance Standard Life Ins. Co., 141 F.3d 1038, 1040 (11th Cir. 1998). Thus, under the Blankenship framework, it is Stewart's burden to prove that she is disabled, that Unum Life's denial was wrong, and that Unum Life's decision was arbitrary and capricious. Herring v. Aetna Life Ins. Co., 517 F. App'x 897, 899 (11th Cir. 2013).

B. Unum Life's Claim Denial Was Not Wrong

Based on its *de novo* review of the Administrative Record, the Court concludes that Unum Life's determination that Stewart did not meet the Plan's definition of disability as of June 1, 2022, was not wrong.

Although Dr. Cutchins opined that Stewart was unable to perform the demands of her work, her opinion was mainly substantiated by Stewart's own self reports and not by Stewart's medical records. For example, in April 2022, Dr. Cutchins' office advised that Stewart could not walk or stand for more than 30 minutes without being washed out, but this was based on information relayed by Stewart. While Dr. Cutchins reiterated this opinion on her call with Dr. Misirli, as both Drs. Misirli and Lundquist explained, Stewart's physical exam findings, vital signs, and diagnostic test results did not support that opinion. Similarly, in

December 2022, Dr. Cutchins opined that Stewart was unable to attend to a task or reliably follow work instructions due to regular lapses in concentration or memory, although she told Dr. Misirli she had not noted any abnormal cognitive behavior.

Not only is "[n]o special weight ... to be accorded the opinion of a treating physician," Ray v. Sun Life & Health Ins. Co., 443 F. App'x 529, 533 (11th Cir. 2011), but here, Dr. Cutchins' opinion appears to relay Stewart's self-reported symptoms, which, as Unum Life's reviewers opined, are not supported by the medical record in its totality.

Stewart argues that she provided objective evidence of her disability, pointing to an echocardiogram that revealed some ventricular abnormalities, recorded instances of fevers, tachycardia, iron deficiency, and other medical conditions. [Doc. 30 at 10]. Unum Life's reviewers considered these reports and, contrary to Stewart's argument, as explained in the reports of Ms. Trelegan and Drs. Misirli [5] and Lundquist, these conditions did not support a finding a of disability.

Stewart also argues that the Court should consider the FCE Report compelling evidence of Stewart's disability. While an FCE may be "among the most effective means of objectively measuring an individual's functional limitations," Lesser v. Reliance Standard Life Ins. Co., 385 F. Supp. 3d 1356, 1371 (N.D. Ga. 2019), Stewart's FCE Report does not outweigh the opinion of Dr. Lundquist who reviewed it and disagreed with its conclusion, noting that Stewart's maximum recorded heart rate remained within the range for activity. Also, as Unum Life points out, although the average maximum heart rate for person of Stewart's age is 170 bpm and the highest recorded heart rate for Stewart during the FCE was 124 bpm (around 73% of the average maximum heart rate), the Report inconsistently indicates that Stewart's heart rate reached "an unsafe level of 85% of her heart rate maximum." [Doc. 11 at 5 (quoting AR 1178)].

***7** Thus, the Court concludes that Stewart's FCE Report need not be accorded special weight and that Dr. Lundquist considered the FCE Report and sufficiently explained the basis for disagreement. See Jorgensen v. Metro. Life Ins. Co., No. 1:09-CV-3108-CC, 2013 WL 12239342, at *5–6, 9 (N.D. Ga. Mar. 26, 2013) (finding, on *de novo* review, that the plan administrator was not wrong in denying claim where, among other things, its physician reviewers had reviewed the FCE results and found them inconsistent with the clinical findings").

Finally, Stewart argues that the Court should also give her NP evaluation significant weight and conclude that the findings corroborate her reported cognitive symptoms. While Stewart's NP Report identified deficits consistent with Mild Neurocognitive Disorder, the evaluation also found her cognitive profile to be otherwise intact and not typical for a post-viral syndrome, which is the basis of Stewart's disability claim. Thus, the Court concludes that Unum Life was not wrong in denying Stewart's claim in view of Dr. Lundquist's assessment that the NP Report did not alter his opinion as to Stewart's ability to perform her job.

In sum, Stewart has failed to show that she met the definition of disabled under the Plan as of June 1, 2022, and that Unum Life was wrong in denying her LTD benefits past that date.

C. Unum Life's Decision Was Not Arbitrary and Capricious

Even assuming that Unum Life's decision was wrong, it was not arbitrary and capricious. Because the Policy vests Unum Life the relevant discretionary authority, the arbitrary and capricious review standard applies to its claim denial decision. Having thoroughly reviewed the Administrative Record, the Court concludes that Unum Life's denial of Stewart's LTD claim was reasonable.

It was not unreasonable, as Stewart contends, for Unum Life to rely on the opinions of its general practitioners rather than specialist. Stewart does not challenge the medical certifications of the practitioners; rather, she appears to contend that Unum Life should have had her medical file reviewed by specialists in each given field (e.g., cardiology; psychology; functional capacity). However, "**ERISA** and the applicable DOL regulations neither require a plan administrator to rely only upon the opinions of specialists nor preclude a plan administrator from relying on the opinions of physicians trained in internal or occupational medicine." Topalian v. Hartford Life Ins. Co., 945 F. Supp. 2d 294, 354 (E.D.N.Y. 2013). Rather, board certified consultants in

internal or occupational medicine are "sufficiently qualified to evaluate all of plaintiff's medical conditions and to provide an opinion regarding plaintiff's functional capacity based on all of the objective medical evidence and clinical data." Id.

Unum Life did not arbitrarily dismiss the opinion of Dr. Cutchins. As discussed above, the totality of the medical record did not support that opinion, and that opinion was based in large part on Stewart's self-reports. There is no indication that Unum Life's reviewers cherry-picked evidence supportive of claim denial. Contrary to Stewart's argument, although Dr. Lindquist mentioned that the FCE and the NP assessments were completed after the termination of LTD benefits, he did not discount the Reports on that basis. Rather, he explained the basis for his opinion pertaining to each report and reviewed the totality of Stewart's medical record. Also contrary to Stewart's contention, it is not impossible to tell what reports Dr. Lundquist reviewed. Dr. Lundquist's reports summarize relevant medical findings and sufficiently explain the basis for his opinions.

***8** Overall, the Court concludes that Unum Life's medical consultants rendered reasoned opinions following their review of Stewart's medical records and that it was not arbitrary or capricious for Unum Life to rely on the reasoned opinion of its medical consultants in denying Stewart's LTD benefits. Thus, the Court concludes that reasonable grounds supported Unum Life's decision.

D. The Decision Was Not Influenced By a Conflict of Interest

Unum Life is both the decision maker and the claim payor for the Plan and, thus, as Unum Life acknowledges, an inherent conflict of interest exists. [Doc. 20-1 at 29]. Even so, in view of the record evidence supporting the reasonableness of Unum Life's decision and contrary to Stewart's contention, the Court is not persuaded that Unum Life's decision was tainted by a financial bias.

As Unum Life points out, it approved Stewart's claim for an initial term, honored a request for continued payments, and continued payments until two medical consultants had reviewed Stewart's medical records and opined that she was not precluded from performing her job. [Doc. 20-1 at 31]. Unum Life also engaged a different medical consultant on appeal to review Stewart's medical file and new information submitted on appeal. The focus of each review was whether the clinical evidence supported the stated restrictions and limitations. Nothing in the Administrative Record indicates that financial considerations guided the consultants' opinions.

Stewart counters that Unum Life has a company-wide practice of providing financial metrics to directors who are integrally involved in the claims process. [Doc. 21-1 at 27–29]. According to Stewart, Paige Rogers, the director assigned to Stewart's claim, was given specific financial data about the number of claim terminations her team was expected to achieve each month. [Doc. 21-2 at 29]. Stewart argues that Director Rogers acted with unusual zeal in processing her claim, showing that she was motivated to maintain her status as meeting or exceeding her monthly claim termination quota. [Id. at 30]. Stewart maintains that Director Rogers launched a "relentless[,] unwarranted," and "targeted attack" to deny her claim as evidenced by her quick actions such as actions the ordering of surveillance, an internet data search, and a medical records update soon after the claim was assigned to her. [Id.] The Court is not persuaded that these actions indicate a bias towards denial. As previously discussed, Unum Life's medical consultants opined that Stewart's medical records did not support her disability, and the Court concludes that there is no indication in the record that Director Rogers influenced those opinions.

The Court is also not persuaded by Stewart's argument that the medical consultants' opinions were driven by financial incentives. [Doc. 21-2 at 31]. Again as discussed above, the opinions of Unum Life's medical consultants were supported and considered the record wholistically.

In sum, the Court concludes that Stewart has failed to show that Unum Life's denial of her LTD benefits was affected by a conflict of interest. Overall, because Unum Life's decision was supported by reasonable grounds and not shown to be influenced by a conflict of interest, the decision was not arbitrary and capricious.

III. CONCLUSION

For the reasons set forth above, Defendants' Motion for Judgment on the Administrative Record [Doc. 20] is **GRANTED** and Plaintiff's Motion for Judgment on **ERISA** Record [Doc. 21] is **DENIED**. Because no issues remain pending in this action, the Clerk is **DIRECTED** to enter judgment in favor or **DEFENDANT** and to terminate this matter.

***9 SO ORDERED**, this 6th day of February, 2025.

All Citations

Slip Copy, 2025 WL 3551882

Footnotes

1 According to Defendants, Unum Group Corp. is not a necessary Defendant because the Plan at issue was insured by a group policy insured by Defendant Unum Life Insurance Company. However, for simplicity's sake, Defendants move collectively for judgment on the administrative record and refer to themselves collectively as "Unum Life." [Doc. 20 at 1 n.1].

2 The Parties agree that the Court may enter judgement, pursuant to Rule 52(a) of the Federal Rules of Civil Procedure, based on the Administrate Record of Stewart's LTD benefits claim. [Docs. 20 1 at 17–18; 21 at 1]. The Administrative Record is at Doc. 20-2–20-7, and, for ease of reference, is cited as "AR" without the inclusion of the prefix "UA-CL-LTD" or the leading zeroes associated with the Bates number (e.g., the Bates number "UA-CL-LTD-000001" is cited as "AR 1").

3 Both Stewart's Memorandum of Law In Support of Her Motion for Judgment on **ERISA** Record [Doc. 21-1] and Unum Life's Brief In Opposition to Plaintiff's Motion for Judgment on the **ERISA** Record [Doc. 29] violate the Local Rules. Although the Parties were granted leave to file briefs up to 35 pages in length in support of their respective dispositive motions [Doc. 18], nothing in that Order excused the Parties from their obligations to otherwise conform to the Court's Local Rules. Specifically, Local Rule 5.1(C) specifies the font types and associated minimum point authorized for filings and Rule 7.1(D) (1) requires filed briefs to include counsel's certification of compliance with the Court's font and point requirement and (2) absent prior permission, restricts response briefs to 25 pages. Stewart's opening brief, while the pre-approved 35 pages in length on its face, appears to be written in 12-point Times New Roman, rather than the Court-required 14-point Times New Roman font. The practical effect is that Stewart's 35-page brief is in fact around 50 pages in length. This is an abuse of Court's generous grant of the page limit extension, made more blatant by counsel's failure to certify compliance with the Court's font and point requirements. Accordingly, the Court strikes the last 11 pages (i.e., pp. 25–35) of Stewart's opening brief [Doc. 21-2]. The Court also strikes all pages beyond page 25 (i.e. pp. 26–33) of Unum Life's response brief [Doc. 29] to Stewart's Motion because the excess pages were filed without prior Court permission.

4 "The Plan provides the following definitions for the terms in bold: "limited" means "cannot or are unable to do"; "material and substantial duties" means duties that "are normally required for the performance of [the claimant's] regular occupation; and cannot be reasonably omitted or modified, except that if [the claimant is] required to work on average in excess of 40 hours per week, Unum will consider [the claimant] able to perform that requirement if [the claimant is] working or ha[s] the capacity to work 40 hours per week"; "regular occupation" means the "the occupation [the claimant is] routinely performing when [his or her] disability begins ... as it is normally performed in the national economy[.]"; "gainful occupation" means "an occupation that is or can be expected to provide [the claimant] with an income within

12 months of [his or her] return to work, that exceeds: 80% of [his or her] monthly hearings, if [the claimant is working]; or 60% of [his or her] indexed monthly earnings, if [the claimant is] not working." AR 209, 211.

5 Including the concurrence by Dr. Schnars.

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