

STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF: [REDACTED]

Claimant

Reg. No: 2007-23029  
Issue No: 2009; 4031  
Case No: [REDACTED]  
Load No: [REDACTED]  
Hearing Date:  
September 18, 2007  
Clare County DHS

ADMINISTRATIVE LAW JUDGE: Jana B. Bachman

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9; and MCL 400.37 upon claimant's request for a hearing. After due notice, an in-person hearing was held on September 18, 2007.

ISSUE

Whether the Department of Human Services (department) properly determined that claimant has not established disability for purposes of Medical Assistance (MA) and State Disability Assistance (SDA).

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

(1) January 31, 2007, claimant applied for MA and SDA. Claimant submitted medical records for department consideration.

(2) April 9, 2007, the Medical Review Team denied claimant's application.

Department Exhibit (Department) A.

(3) April 11, 2007, the department sent claimant written notice that the application was denied. Department C.

(4) May 16, 2007, the department received claimant's timely request for hearing.

(5) August 9, 2007, the State Hearing Review Team (SHRT) denied claimant's application. Department B.

(6) September 18, 2007, the telephone hearing was held. Prior to the closing of the record, claimant submitted additional medical evidence. He waived his right to a timely hearing decision. October 25, 2007, after review of all medical evidence, the SHRT again denied claimant's application. SHRT Decision, 10/25/07.

(7) Claimant asserts disability based on back and neck problems and stress.

(8) Claimant testified at hearing [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

(9) Claimant's past relevant employment has been in carpentry. He currently works 5-6 hours per day calling bingo numbers at a bingo hall.

(10) On or about July 24, 2007, claimant underwent a multi-axial mental health assessment. A report was prepared that states, in pertinent part, that claimant has an AXIS I diagnosis of major depressive disorder recurrent, severe without psychosis. GAF was assessed at

[REDACTED] Claimant's appearance, motor activity, mood, speech, thought processes with the exception of remote memory, and thought content were all within normal limits. Affect was constricted, flat, and blunted. Manner and attitude were helpless, hopeless, irritable, angry, and hostile. Claimant reported having suicidal thoughts and attempt in the past, but not currently. Claimant

reports history of being violent towards others, but never resulting in serious injury or charges.

Claimant A.

(11) June 14, 2006, claimant underwent an independent physical examination and functional assessment. A narrative report was prepared that states, in pertinent part: claimant is cooperative; immediate, recent, and remote memory appear intact with normal concentration; insight and judgment are appropriate; neck is supple without masses; breath sounds are clear to auscultation and symmetrical, there is no accessory muscle use; heart has regular rate and rhythm without enlargement, normal S1 and S2; bowel sounds are normal; no clubbing, cyanosis, or edema is detected, peripheral pulses are intact; there is no evidence of joint laxity, crepitation, or effusion; full fist and full grip strength is intact bilaterally, pincher strength is intact, dexterity is unimpaired, claimant had no difficulty getting on and off exam table, no difficulty heel and toe walking, mild difficulty squatting, and mild difficulty tandem walking; straight leg raise produces no pain; there is tenderness at approximately L2 with hyper-lordosis in the area; there are paravertebral muscle spasms. Cervical range of motion is within normal limits with the exception of extension reduced to 10 degrees; dorsolumbar range of motion is within normal limits with the exception of extension reduced to 20 degrees; Shoulder range of motion is within normal limits; hip range of motion is within normal limits; knee and ankle range of motion is within normal limits; calf and thigh circumference are equal bilaterally; cranial nerves are intact, motor strength and tone is normal, there is a nondermatomal sensory loss in the lateral aspect of the left leg and left arm even though it was being on the right, reflexes are intact and symmetrical, Romberg is negative; claimant walks with a wide based gait and a lordotic posture without use of assistive device. Doctor opines that claimant's appear to be ligamentous and myofascial, but does not have an MRI for reference. Department A, pages 62-68.

(12) Claimant was examined by a new family physician on February 1, 2007. Doctor indicates a normal physical exam with the exception of antalgic gait, 4/5 strength in left upper and left lower extremity, reduced range of motion in the neck, and reduced sensation in left lower extremity from hip to foot. Doctor gives diagnoses of lumbar spine dysfunction, cervical spine dysfunction, thoracic spine dysfunction, GERD, and hyperlipidemia. Doctor opines that claimant is able to frequently lift less than 10 pounds, occasionally lift 10 pounds, sit less than 6 hours in an 8 hour work day, stand/walk less than 2 hours in an 8 hour work day, and perform repetitive actions with his upper right and lower right extremities. Claimant A, Report, 2/1/07.

(13) July 30, 2007, claimant's neurosurgeon wrote a letter stating that claimant's MRI showed a small disc herniation at L4-5. Doctor observed a slow, antalgic, forward bent gait and very limited range of motion in the lumbar and cervical spine. At 90 degrees of straight leg raise on the left, he gets some pain. Claimant has no motor or sensory deficit. Doctor opines that the area of pain far exceeds that which would be caused by a simple L5 disc rupture. Doctor referred claimant to rehab program. Claimant A.

#### CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or department) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

Pursuant to Federal Rule 42 CFR 435.540, the Department of Human Services uses the federal Supplemental Security Income (SSI) policy in determining eligibility for disability under the Medical Assistance program. Under SSI, disability is defined as:

...the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.... 20 CFR 416.905

A set order is used to determine disability. Current work activity, severity of impairments, residual functional capacity, past work, age, or education and work experience is reviewed. If there is a finding that an individual is disabled or not disabled at any point in the review, there will be no further evaluation. 20 CFR 416.920.

If an individual is working and the work is substantial gainful activity, the individual is not disabled regardless of the medical condition, education and work experience. 20 CFR 416.920(c).

If the impairment or combination of impairments do not significantly limit physical or mental ability to do basic work activities, it is not a severe impairment(s) and disability does not exist. Age, education and work experience will not be considered. 20 CFR 416.920.

Statements about pain or other symptoms do not alone establish disability. There must be medical signs and laboratory findings which demonstrate a medical impairment.... 20 CFR 416.929(a).

...Medical reports should include –

- (1) Medical history.
- (2) Clinical findings (such as the results of physical or mental status examinations);
- (3) Laboratory findings (such as blood pressure, X-rays);
- (4) Diagnosis (statement of disease or injury based on its signs and symptoms).... 20 CFR 416.913(b).

In determining disability under the law, the ability to work is measured. An individual's functional capacity for doing basic work activities is evaluated. If an individual has the ability to

perform basic work activities without significant limitations, he or she is not considered disabled. 20 CFR 416.994(b)(1)(iv).

Basic work activities are the abilities and aptitudes necessary to do most jobs. Examples of these include --

- (1) Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
- (2) Capacities for seeing, hearing, and speaking;
- (3) Understanding, carrying out, and remembering simple instructions;
- (4) Use of judgment;
- (5) Responding appropriately to supervision, co-workers and usual work situations; and
- (6) Dealing with changes in a routine work setting. 20 CFR 416.921(b).

Medical findings must allow a determination of (1) the nature and limiting effects of your impairment(s) for any period in question; (2) the probable duration of the impairment; and (3) the residual functional capacity to do work-related physical and mental activities. 20 CFR 416.913(d).

Medical evidence may contain medical opinions. Medical opinions are statements from physicians and psychologists or other acceptable medical sources that reflect judgments about the nature and severity of the impairment(s), including your symptoms, diagnosis and prognosis, what an individual can do despite impairment(s), and the physical or mental restrictions. 20 CFR 416.927(a)(2).

All of the evidence relevant to the claim, including medical opinions, is reviewed and findings are made. 20 CFR 416.927(c).

For mental disorders, severity is assessed in terms of the functional limitations imposed by the impairment. Functional limitations are assessed using the criteria in paragraph (B) of the listings for mental disorders (descriptions of restrictions of activities of daily living, social

functioning; concentration, persistence, or pace; and ability to tolerate increased mental demands associated with competitive work)... 20 CFR, Part 404, Subpart P, App. 1, 12.00(C).

If an individual fails to cooperate by appearing for a physical or mental examination by a certain date without good cause, there will not be a finding of disability. 20 CFR 416.994(b)(4)(ii).

When determining disability, the federal regulations require that several considerations be analyzed in sequential order. If disability can be ruled out at any step, analysis of the next step is not required. These steps are:

1. Does the client perform Substantial Gainful Activity (SGA)? If yes, the client is ineligible for MA. If no, the analysis continues to Step 2. 20 CFR 416.920(b).
2. Does the client have a severe impairment that has lasted or is expected to last 12 months or more or result in death? If no, the client is ineligible for MA. If yes, the analysis continues to Step 3. 20 CFR 416.920(c).
3. Does the impairment appear on a special listing of impairments or are the client's symptoms, signs, and laboratory findings at least equivalent in severity to the set of medical findings specified for the listed impairment? If no, the analysis continues to Step 4. If yes, MA is approved. 20 CFR 416.290(d).
4. Can the client do the former work that he/she performed within the last 15 years? If yes, the client is ineligible for MA. If no, the analysis continues to Step 5. 20 CFR 416.920(e).
5. Does the client have the Residual Functional Capacity (RFC) to perform other work according to the guidelines set forth at 20 CFR 404, Subpart P, Appendix 2, Sections 200.00-204.00? If yes, the analysis ends and the client is ineligible for MA. If no, MA is approved. 20 CFR 416.920(f).

At Step 1, claimant is not engaged in substantial gainful activity and so is not disqualified from receiving disability at Step 1.

At Step 2, the objective medical evidence of record indicates that in June 2006, claimant underwent a full physical assessment that revealed full range of motion in all joints with the

exception of cervical extension limited to 10 degrees and dorsolumbar extension reduced to 20 degrees. Claimant has full grip and fist strength, unimpaired dexterity, and had no difficulty with performing orthopedic maneuvers with the exception of mild trouble squatting and tandem walking. Doctor observed there was a nondermatomal sensory loss in the lateral aspect of the left leg and left arm. Finding of Fact 11. In February 2007, a physician found claimant to have reduced range of motion in the cervical and dorsolumbar spine with loss of sensation and weakness in the upper and lower left extremities. Doctor opined claimant has severe sit/stand/walk limitations and is limited to occasionally lifting 10 pounds. Finding of Fact 12. July 2007, claimant has an L5 ruptured disc with slow antalgic gait and forward bending posture. Claimant has no motor or sensory deficit. Neurologist opines that claimant's pain far exceeds that which would be caused by a simple L5 disc rupture and recommends physical therapy. Finding of Fact 13. Neurologist is a specialist and family physician is not, accordingly neurologist's opinions regarding motor and sensory deficit shall be given greater legal weight.

At Step 2, the objective medical evidence of record indicates that claimant was diagnosed with major depressive disorder, recurrent without psychosis. Claimant's appearance, motor activity, mood, speech, thought processes with the exception of remote memory, and thought content were all within normal limits. Affect was constricted, flat, and blunted. Manner and attitude were helpless, hopeless, irritable, angry, and hostile. Claimant reported past thoughts of suicide and incidents of violence towards others. Finding of Fact 10.

At Step 2, the objective medical evidence of record is not sufficient to establish that claimant has severe impairments that have lasted or are expected to last 12 months or more and prevent employment at any job for 12 months or more. Therefore, claimant is disqualified from receiving disability at Step 2.

At Step 3, claimant's impairments do not rise to the level necessary to be specifically disabling by law.

At Step 4, claimant's past relevant employment has been as a carpenter and a bingo caller. The objective medical evidence of record indicates that claimant has slow, antalgic gait with complaints of severe pain. The pain is not consistent with a ruptured disc, although claimant does have a ruptured disc at L5. Claimant does not have sensory or motor deficit. At Step 4, the objective medical evidence of record establishes that claimant was diagnosed with depression in July 2007. His appearance, motor activity, mood, speech, and thought processes with the exception of remote memory were intact. Affect was flat and manner and attitude were angry and hopeless. See discussion at Step 2, above. Finding of Fact 9-13.

At Step 4, the objective medical evidence of record is sufficient to establish that claimant has functional impairments that prevent claimant, for a period of 12 months or more, from engaging in a full range of duties required by claimant's past relevant employment as a carpenter. However, claimant is capable of performing his current job of number caller. Therefore, claimant is disqualified from receiving disability at Step 4.

The residual functional capacity is what an individual can do despite limitations. All impairments will be considered in addition to ability to meet certain demands of jobs in the national economy. Physical demands, mental demands, sensory requirements and other functions will be evaluated.... 20 CFR 416.945(a).

To determine the physical demands (exertional requirements) of work in the national economy, we classify jobs as sedentary, light, medium and heavy. These terms have the same meaning as they have in the Dictionary of Occupational Titles, published by the Department of Labor.... 20 CFR 416.967.

Sedentary work. Sedentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met. 20 CFR 416.967(a).

Light work. Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls.... 20 CFR 416.967(b).

Medium work. Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. If someone can do medium work, we determine that he or she can also do sedentary and light work. 20 CFR 416.967(c).

Heavy work. Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. If someone can do heavy work, we determine that he or she can also do medium, light, and sedentary work. 20 CFR 416.967(d).

At Step 5, the objective medical evidence of record indicates that claimant has severe pain in his back. He walks with an antalgic and slow gait. He has no sensory or motor deficits. Claimant has depression. His appearance, mood, motor activity, speech, thought processes with the exception of remote memory are within normal limits. Claimant's affect was blunted and his manner and attitude were angry and hopeless. See discussion at Step 2, above. Finding of Fact 10-13.

At Step 5, the objective medical evidence of record is sufficient to establish that claimant retains the residual functional capacity to perform at least sedentary work activities. Considering

claimant's Vocational Profile (younger individual, high school education, and history of skilled work) and relying on Vocational Rule 202.21, claimant is not disabled. Therefore, claimant is disqualified from receiving disability at Step 5.

Claimant does not meet the federal statutory requirements to qualify for disability. Therefore, claimant does not qualify for Medical Assistance based on disability and the department properly denied claimant's application.

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. The Department of Human Services (DHS or department) administers the SDA program pursuant to MCL 400.10, *et seq.*, and MAC R 400.3151-400.3180. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

[2004 PA 344, Sec. 604, establishes the State Disability Assistance program. It reads in part:](#)

[Sec. 604 \(1\) The department shall operate a state disability assistance program. Except as provided in subsection \(3\), persons eligible for this program shall include needy citizens of the United States or aliens exempt from the Supplemental Security Income citizenship requirement who are at least 18 years of age or emancipated minors meeting one or more of the following requirements:](#)

- [\(a\) Recipient of Supplemental Security Income, Social Security or Medical Assistance due to disability or 65 years of age or older.](#)
- [\(b\) A person with a physical or mental impairment which meets federal SSI disability standards, except that the minimum duration of the disability shall be 90 days. Substance abuse alone is not defined as a basis for eligibility.](#)
- [\(c\) A resident of an adult foster care facility, a home for the aged, a county infirmary, or a substance abuse treatment center.](#)

- (d) A person receiving 30-day post-residential substance abuse treatment.
  - (e) A person diagnosed as having Acquired Immunodeficiency syndrome (AIDs).
  - (f) A person receiving special education services through the local intermediate school district.
  - (g) A caretaker of a disabled person as defined in subdivision (a), (b), (e), or (f) above.
- (2) Applicants for and recipients of the State Disability Assistance program shall be considered needy if they:
- (a) Meet the same asset test as is applied to applicants for the Family Independence Program.
  - (b) Have a monthly budgetable income that is less than the payment standard.
- (3) Except for a person described in subsection (1)(c) or (d), a person is not disabled for purposes of this section if his or her drug addiction or alcoholism is a contributing factor material to the determination of disability. 'Material to the determination of disability' means that, if the person stopped using drugs or alcohol, his or her remaining physical or mental limitations would not be disabling. If his or her remaining physical or mental limitations would be disabling, then the drug addiction or alcoholism is not material to the determination of disability and the person may receive State Disability Assistance. Such a person must actively participate in a substance abuse treatment program, and the assistance must be paid to a third party or through vendor payments. For purposes of this section, substance abuse treatment includes receipt of inpatient or outpatient services or participation in Alcoholics Anonymous or a similar program. 1995 PA 156, Sec. 605.
- (4) A refugee or asylee who loses his or her eligibility for the federal Supplemental Security Income program by virtue of exceeding the maximum time limit for eligibility as delineated in Section 402 of Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193, 8 U.S.C. 1612, and who otherwise meets the eligibility criteria under this section shall be eligible to receive benefits under the State Disability Assistance program.

After careful examination of the record and for reasons discussed at Steps 2-5, above, the Administrative Law Judge decides that claimant does not have severe impairments that prevent work for 90 days or more. Therefore, claimant does not qualify for SDA based on disability and the department properly denied his application.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that claimant has not established disability for Medical Assistance and State Disability Assistance.

Accordingly, the department's action is **HEREBY UPHELD**.

/s/  
\_\_\_\_\_  
Jana B. Bachman  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: January 5, 2009

Date Mailed: January 6, 2009

**NOTICE:** Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

JBB

