

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: 2009-16487
Issue No: 2009; 4031
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
June 10, 2009
Kent County DHS

ADMINISTRATIVE LAW JUDGE: Ivona Rairigh

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, a telephone hearing was held on June 10, 2009. Claimant personally appeared and testified. Also appearing and testifying on claimant's behalf was his father [REDACTED] and his girlfriend [REDACTED]

ISSUE

Did the Department of Human Services (the department) properly deny claimant's application for Medical Assistance (MA-P) 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) On October 14, 2008, claimant filed an application for Medical Assistance and State Disability Assistance benefits alleging disability.

(2) On December 9, 2008, the Medical Review Team denied claimant's application stating that claimant could perform other work.

(3) On December 17, 2008, the department caseworker sent claimant notice that his application was denied.

(4) On February 10, 2009, claimant filed a request for a hearing to contest the department's negative action.

(5) On April 13, 2009, the State Hearing Review Team (SHRT) also denied claimant's application stating he was capable of performing other work, namely sedentary and light work per Vocational Rules 202.20 and 201.27.

(6) Claimant submitted additional medical information following the hearing that was forwarded to SHRT for review. On September 23, 2009 SHRT again determined that the claimant was capable of light work per Vocational Rule 202.20, and therefore not disabled.

(7) Claimant is a 29 year old man whose birthday is September 7, 1980. Claimant is 6'4" tall and weighs 300 pounds, and claims his weight goes up and down about 100 lbs. Claimant has a master's degree in computer science, and can read, write and do basic math.

(8) Claimant states that he last worked in 2002 and was self-employed doing lap top computer repairs. Claimant has done welding and was a heavy equipment operator between the ages of 17-20. Claimant finds that no jobs are available with his degree, and states that he quit working due to his stomach condition and because he injured his back while lifting a computer monitor.

(9) Claimant lives in an apartment with his girlfriend who is on SSI and their new baby, and his father helps with the bills. Claimant's father owns a computer business but cannot hire him as he is not dependable because of his illness.

(10) Claimant has a driver's license and drives to take his girlfriend and their baby to doctor's appointments and to the grocery store.

(11) Claimant alleges as disabling impairments stomach condition for the last 7 years causing him violent abdominal pain and internal bleeding for which he has sought frequent treatment in emergency rooms, crushed and herniated discs in his lumbar spine, and neck pain.

(12) Claimant states he does not know if he applied for SSI.

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 Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

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 Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) 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 does 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).

The Administrative Law Judge is responsible for making the determination or decision about whether the statutory definition of disability is met. The Administrative Law Judge

reviews all medical findings and other evidence that support a medical source's statement of disability.... 20 CFR 416.927(e).

A statement by a medical source finding that an individual is "disabled" or "unable to work" does not mean that disability exists for the purposes of the program. 20 CFR 416.927(e).

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 testified that he has not worked since year 2002. Claimant is not disqualified from receiving disability at Step 1.

At Step 2, claimant has the burden of proof of establishing that he has a severely restrictive physical or mental impairment or a combination of impairments that is "severe". An

impairment or combination of impairments is “severe” within the meaning of the regulations if it significantly limits an individual’s ability to perform basic work activities. An impairment or combination of impairments is “not severe” when medical and other evidence establish only a slight abnormality or a combination of slight abnormalities that would have no more than a minimal effect on an individual’s ability to work (20 CFR 404.1521 and 416.921; Social Security Rulings (SSRs) 85-28, 96-3p, and 96-4p).

August 29, 2008 x-ray of claimant’s cervical spine was a negative study. MRI of the cervical spine of the same date revealed mild degenerative changes in the disks and facet joints, a possible small nerve root cyst at C5-6, and no evidence of spinal stenosis.

Claimant was seen by a neurosurgeon on September 12, 2008 for his back pain, and was beside himself with pain. Claimant stated he had decided to proceed with lumbar surgery. Claimant requested some different narcotics and was told this will need to come from his primary care physician.

On [REDACTED] claimant was in the [REDACTED] due to complaint of back pain. Claimant states he was moving, thought something fell off the truck, and when he got out to see what it was he fell, landing on the side of his back. Today will be claimant’s 6th visit in the last 8 days for this acute pain, and every time he comes to [REDACTED] he is receiving narcotics and injections and then he is right back the next day. Claimant was admitted to the hospital. October 21, 2008 lumbar MRI reveals increased disk herniation into the right subarticular zone has occurred compared to the prior lumbar MRI of June 29, 2008, from the L4-5 interspace. Claimant had L4-L5 discectomy. His discharge diagnosis was lumbar radiculopathy secondary to disk herniation at L4-L5 level status post discectomy by neurosurgery. Claimant was discharged on October 24, 2008 in a stable condition.

November 3, 2008 CT of claimant's abdomen revealed no evidence of acute abnormalities. There are postoperative changes involving the lower lumbar spine with a small amount of fluid seen within the subcutaneous soft tissues posterior to the L4-L5 level which may be on the basis of prior surgery.

Claimant's record has numerous emergency room (ER) visit documentation.

At [REDACTED] visit for abdominal pain claimant was crying and sobbing out loud holding his belly. Claimant was given IV Dilaudid for pain control initially. Claimant stated this is the same pain he has had for the past 5 years and surprisingly nobody has found anything diagnostically wrong with this. Examining physician felt they may be some overlying component of either Munchausen or drug-seeking behavior. There were some Ramon noodles in claimant's emesis basin that the claimant stated he threw up at home, but they appeared to be undigested and it is difficult to see if he actually eaten them, as there were perhaps 2 boxes of the noodles in the basin.

During the [REDACTED] visit for abdominal pain doctor states that when he initially walked past the room the claimant was in he did not appear in discomfort at all, but when he walked into the room claimant began moaning and rolling onto his side. It is noted that the claimant has seen several doctors on his own, but yet states he cannot get in to see any of his doctors, so the doctor thinks this is really medical noncompliance at this point. Claimant was on methadone and Lortab at home as well as Flexeril, Cymbalta, and Compazine. Claimant was given Dilaudid and discharged home.

On [REDACTED] claimant was in the [REDACTED] complaining of abdominal pain for the last 2 weeks. Claimant has been seen multiple times in the emergency department for this as well as hospitalized in the hospital. Claimant stated the pain is more intense and he needs

something additional for pain. Claimant did complain of some epigastric pain, but there was no significant pain with direct palpation, he was not attempting to try to pull doctor's hands or had any guarding. The abdomen otherwise felt soft. Doctor felt that the claimant should not be given any more narcotic medication, as this may be a cause for his overall persistent abdominal pain. Claimant became upset saying he wanted additional pain medication as he has not had any for the last few days, despite the fact that he was just recently discharged and was on medications in the hospital. No narcotics were given to the claimant as they could cause possible bowel obstruction. Claimant was discharged in stable condition.

Claimant was in [REDACTED] complaining of abdominal pain. Physical exam did not reveal any abnormalities, abdomen was soft with some possible diffuse tenderness that is not well localized. There has been concern with claimant's narcotic use in the past, this was discussed with him, and he will not receive IV or IM narcotics. Fluids and Zofran were given, and subsequently Dilaudid, and claimant was discharged in stable condition.

Claimant was in [REDACTED] complaining of abdominal pain, his third visit within 24 hours for the same complaint. Attending physician reviewed those previous visits and claimant was given oral Dilaudid for pain medication. A [REDACTED] report was run that showed the claimant had several prescriptions over the last 3 weeks of various hydrocodone products. Claimant told the physician initially that he had nothing orally at home for pain control, and was told he would be given one dose of Dilaudid intramuscular. Any further pain medication would have to come from claimant's primary physician. It was also noted that the claimant has had 4 separate primary care physicians over the last 11 months, all of which, per the [REDACTED] report were prescribers of pain medications including methadone and Lyrica. Claimant was told this is of

concern and any pain medications would need to come from a chronic nature from his primary care. Claimant was discharged in stable condition.

Claimant was in [REDACTED] with abdominal pain and complaining that nothing was done for him the day before. Physical examination was normal except that the claimant was diffusely tender with the lightest of palpation of doctor's hands, but did not demonstrate any tenderness to palpation with auscultation with the stethoscope. Claimant was given Dilaudid with beginning relief of pain, and it was felt that no further testing was warranted, as the claimant in the last 36 hours had laboratory studies that were negative. Claimant asked for pain medications as he had none at home. [REDACTED] report that was done on him demonstrated that he has had several medications filled in the past. Claimant asked to be admitted to the hospital, but since there was no obvious reason for this, he was discharged home in stable condition, and told to follow up with his primary care provider.

Claimant was in [REDACTED] complaining of abdominal pain and vomiting. It is noted he is well known to the emergency department as he has had multiple prior admissions for evaluation of abdominal pain and vomiting of unclear etiology. Claimant has been worked up at the [REDACTED] scan, and gastric emptying study was done. MRI of the claimant's abdomen, brain and spine, upper GI, multiple CT scans of the abdomen and previous colonoscopy, as well as capsule swallowing endoscopy were done. All of these have been negative. Claimant had been on previous multiple pain medications including methadone 10 mgs. Every 8 hours, Norco and Flexeril, but states he stopped those for about 3 weeks. Claimant states he does smoke marijuana to try and relieve the discomfort and nausea,

and has had 3 days of vomiting, but denies any significant stools, blood in the vomit, or fevers. Claimant tested positive for marijuana. Claimant was given pain medication and stopped moaning and holding his abdomen, and was calm and comfortable. Claimant was discharged.

On [REDACTED] and admitted due to acute, chronic abdominal pain. Claimant gets Dilaudid whenever he comes to the hospital but at this time hospital stopped his Dilaudid and Stadol. Claimant's abdominal examination reveals his abdomen is nontender and nondistended, it is soft, no rigidity, bowel sounds are present. Doctor explained to the claimant that examination is benign and he will give him Tylenol and Ultram for his pain. Claimant left against medical advice because he was not given Dilaudid and/or Stadol. On [REDACTED] with abdominal discomfort, was given pain medication Stadol, and discharged home.

X-ray of claimant's abdomen of [REDACTED] indicates no abnormality is seen. On this date claimant presented to the [REDACTED] with abdominal pain, nausea and vomiting. Claimant was crying because of the pain but when the doctor talked to him, his crying would stop. He was able to move around without any signs of an acute abdomen. Claimant did vomit in the bucket prior to doctor's arrival, but the nurse stated she thought she was him put his fingers down his throat to make him vomit. Claimant had been on methadone at one time for his stomach pain. Once he was given the first dose of Dilaudid, claimant was smiling, was alert and in no distress. Claimant was discharged home.

Claimant was admitted to the hospital on May 22, 2009 after he presented to the emergency department complaining of abdominal pain and vomiting of blood since that afternoon. Claimant has a history of chronic abdominal pain and cyclic vomiting. Over the past few years, claimant has had multiple negative EGDs, negative colonoscopy, negative capsule

study, and a negative endoscopic ultrasound. Claimant described chronic abdominal pain, which is triggered within just moments of eating. He may go up to six months without having to be in the hospital, as his girlfriend slaps him on the back to distract him from his pain, or he will take a scalding shower. When claimant gets into his cyclic vomiting episodes though, he cannot be distracted.

Claimant was in [REDACTED] complaining of back pain. His MRI came back with positive diskitis and osteomyelitis at the L4 level. Claimant did not have any radiation with his low back pain, he was in no distress, but there was tenderness in the back at the mid lower lumbar level without any preference to side. IV was established and Dilaudid for pain given. Claimant was seen for consultation regarding his MRI on May 26, 2009. It is noted that the claimant had a lumbar laminectomy in October, 2008. On physical exam, claimant was awake, alert, and cooperative in no acute distress. Claimant complains of pain in his low back but in discussion seems relatively comfortable. No focal motor neurologic deficits are noted, and he has no clubbing, cyanosis, or edema in his 4 extremities. Assessment is back pain with nonspecific MRI changes post status some recent trauma (after claimant fell on his bottom in hospital cafeteria the day before). After the MRI was reviewed by neurosurgery staff and physician, it was deemed that the changes on the MRI which were read as osteomyelitis/diskitis were likely to be from postsurgical changes. Claimant was discharged in stable condition.

A physician [REDACTED] states that the claimant was seen after he had 2 episodes of rectal bleeding that morning, reporting the first one being much larger and was about 3 cups of a bright red blood after he moved his bowels. Claimant had a dull left upper quadrant pain, which he has had very chronically, and there is really no new abdominal pain. Claimant

stated that just after arriving at ■ he passed a stool with a small amount of blood, and has been feeling some nausea and some dizziness.

Past medical history is that the claimant was recently admitted for diskitis of the lumbar spine but this did not turn out to be the case and he was discharged home about a week ago. During that admission claimant had an upper GI scope, which was entirely normal. This was done for his chronic epigastric pain. Claimant stated that he has had multiple scopes of both upper and lower GI tract and these have always been normal, but this is the first time he has had rectal bleeding. Claimant also stated that he stopped drinking alcohol, and that he had also cut down significantly on Methadone, Norco and Darvocet for pain. Review of systems indicates that while the claimant has some chronic back pain, there is no leg numbness or weakness. The remainder of a 10-point review of systems was done and is negative. Physical examination did reveal tenderness in claimant's abdomen, and he did have bright red blood present in the rectal vault. Endoscopy was to be scheduled later that week to determine why the claimant is having lower GI bleeding.

There is no objective clinical medical evidence in the record that claimant suffers a severely restrictive physical impairment. While the medical records submitted by the claimant are voluminous, they pertain to his repeated visits to the ■ complaining of abdominal pain for which no cause can be found despite many medical tests he has undergone. Record does contain indications that the claimant may be exhibiting pain medication seeking behavior, according to the treating physicians. In addition, claimant repeatedly complains of abdominal pain and vomiting, but his weight was 287 lbs. in August, 2008, and is 300 lbs. as of the date of the hearing. It would appear that the claimant would lose a significant amount of weight if he was suffering from such frequent severe abdominal discomfort and had bouts of vomiting and bloody

stools. Claimant's subjective complaints of abdominal pain are not supported by any medical findings of an underlying cause for the pain. Furthermore, claimant also complains of back pain and has had a discectomy in 2008. Claimant's back issue may cause him some restrictions for heavy lifting, however does not rise to the level of being severely restrictive. This Administrative Law Judge finds that the medical record is insufficient to establish that claimant has a severely restrictive physical impairment.

There is no evidence in the record indicating that claimant suffers mental limitation. The evidentiary record is insufficient to find claimant suffers a severely restrictive mental impairment. For these reasons, this Administrative Law Judge finds that claimant has failed to meet his burden of proof at Step 2. Claimant must be denied benefits at this step based upon his failure to meet the evidentiary burden.

If claimant had not been denied at Step 2, the analysis would proceed to Step 3 where the trier of fact must determine if the claimant's impairment (or combination of impairments) is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. This Administrative Law Judge finds that the claimant's medical record will not support a finding that claimant's impairment(s) is a "listed impairment" or equal to a listed impairment. See Appendix 1 of Subpart P of 20 CFR, Part 404, Part A. Accordingly, claimant cannot be found to be disabled based upon medical evidence alone. 20 CFR 416.920(d).

At Step 4, if claimant had not already been denied at Step 2, the Administrative Law Judge would have to deny him again based upon his ability to perform past relevant work. Claimant has a master degree in computer science and has worked for his father's computer business. Claimant described at the hearing that he goes to his father's computer shop and does some computer repair and customer service. Claimant should be able to engage in this type of

work, as it does not involve heavy lifting. Finding that the claimant is unable to perform work which he has engaged in in the past (and that he apparently was performing at the time of the hearing for his father) cannot therefore be reached and the claimant is denied from receiving disability at Step 4.

The Administrative Law Judge will continue to proceed through the sequential evaluation process to determine whether or not claimant has the residual functional capacity to perform other jobs.

At Step 5, the burden of proof shifts to the department to establish that claimant does not have residual functional capacity.

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).

Claimant has submitted insufficient objective medical evidence that he lacks the residual functional capacity to perform tasks from his prior employment, or that he is physically unable to do at least light work if demanded of him. Therefore, this Administrative Law Judge finds that the objective medical evidence on the record does not establish that claimant has no residual functional capacity to perform other work. Claimant is disqualified from receiving disability at Step 5 based upon the fact that he has not established by objective medical evidence that he cannot perform sedentary and light work. Under the Medical-Vocational guidelines, a individual younger individual age 18-44 (claimant is age 29), who is a high school graduate or more (claimant has a master's degree) and an unskilled or no work history who can perform even only sedentary work is not considered disabled pursuant to Medical-Vocational Rule 201.27.

The claimant has not presented the required competent, material, and substantial evidence which would support a finding that the claimant has an impairment or combination of

impairments which would significantly limit the physical or mental ability to do basic work activities. 20 CFR 416.920(c). Although the claimant has cited medical problems, the clinical documentation submitted by the claimant is not sufficient to establish a finding that the claimant is disabled. There is no objective medical evidence to substantiate the claimant's claim that the alleged impairment(s) are severe enough to reach the criteria and definition of disabled. The claimant is not disabled for the purposes of the Medical Assistance disability (MA-P) program.

The department's Bridges Eligibility Manual contains the following policy statements and instructions for caseworkers regarding the State Disability Assistance program: to receive State Disability Assistance, a person must be disabled, caring for a disabled person or age 65 or older. BEM, Item 261, page 1. Because the claimant does not meet the definition of disabled under the MA-P program and because the evidence of record does not establish that claimant is unable to work for a period exceeding 90 days, the claimant does not meet the disability criteria for State Disability Assistance benefits either.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department has appropriately established on the record that it was acting in compliance with department policy when it denied claimant's application for Medical Assistance, retroactive Medical Assistance and State Disability Assistance benefits. The claimant should be able to perform a wide range of sedentary and light work even with his alleged impairments. The department has established its case by a preponderance of the evidence.

Accordingly, the department's decision is AFFIRMED, and it is SO ORDERED.

/s/

Ivona Rairigh
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

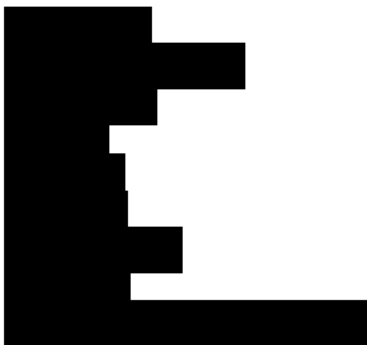
Date Signed: March 5, 2010

Date Mailed: April 6, 2010

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 mailing 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.

cc:

A large black rectangular redaction box covering several lines of text in the distribution list.