

STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:



Reg. No: 2013-5044
Issue No: 2009
Case No: [REDACTED]
Hearing Date: February 26, 2013
Wayne County DHS (31)

ADMINISTRATIVE LAW JUDGE: Landis Y. Lain

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 February 26, 2013. Claimant personally appeared and testified.

ISSUE

Did the Department of Human Services (the department) properly deny claimant's application for Medical Assistance (MA-P)?

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 4, 2011, claimant filed an application for Medical Assistance and retroactive Medical Assistance benefits alleging disability.
2. On September 20, 2012, the Medical Review Team denied claimant's application stating that claimant's impairments lacked duration.
3. On September 28, 2012, the department caseworker sent claimant notice that her application was denied.
4. On October 4, 2012, claimant filed a request for a hearing to contest the department's negative action.
5. On December 10, 2012, the State Hearing Review Team again denied claimant's application stating in its analysis and recommendation: the medical source opinion offered by the claimant's treating chiropractor has been considered. However, statements of disability are reserved to the commissioner/state. Further, the claimant's treating source is not recognized as an acceptable medical source per Social Security Administration Guidelines. The medical evidence of record supports that

the claimant would be reasonably limited to performance of light exertional tasks. The claimant is not currently engaging in substantially gainful activity based on the information that is available in the file. The claimant's impairments/combination of impairments does not meet/equal the intent or severity of a Social Security Administration listing. The medical evidence of record indicates that the claimant retains the capacity to perform light exertional tasks. The claimant's past work was as a data entry clerk, 203.582-054, 4S. Therefore the claimant retains the capacity to perform their past relevant work. MA-P is denied per 20 CFR 416.920(e&f). Retroactive MA-P was considered in this case and is also denied. SDA is denied per BEM 261 due to the capacity to perform past relevant work. Listings 1.04 and 11.14 were considered in this determination.

6. The hearing was held on February 26, 2013. At the hearing, claimant waived the time periods and requested to submit additional medical information.
7. Additional medical information was submitted and sent to the State Hearing Review Team on February 26, 2013.
8. On April 22, 2013, the State Hearing Review Team again denied claimant's application stating that in its analysis and recommendation: the claimant had a slip and fall in January, 2012. MRI in February, 2012 showed minimal disc bulge at L3-4, broad based disc protrusion at L4-5 and left paracentral disc protrusion at L5-S1. The cervical spine revealed C3-5 left paracentral disc osteophyte protrusion and C6-7 central disc protrusion. In November, 2012 the claimant's gait was normal. Motor, sensory and reflexes were normal. She had decreased motion and tenderness with muscle spasms in the cervical and thoraso-lumbar regions. The claimant's treating chiropractor indicated the claimant was limited to less than sedentary work. However, there was no significant neurological deficits or abnormalities noted. The claimant is not currently engaging in substantial gainful activity based on the information that is available in the file. The claimant's impairments do not meet/equal the intent or severity of a Social Security Listing. The medical evidence of record indicates that the claimant retains the capacity to perform a wide range of light work. The claimant's past work as a data entry clerk is typically performed at the sedentary exertional level. Therefore, the claimant retains the capacity to perform her past relevant work. MA-P is denied per 20 CFR 416.920(e). Retroactive MA-P was considered in this case and is also denied.
9. On the date of hearing claimant was a 43-year-old woman whose birth date is [REDACTED]. Claimant is 5'4" tall and weighs 160 pounds. Claimant is a high school graduate and is also a certified nurse's assistant. Claimant is able to read and write and does have basic math skills.

10. Claimant last worked August, 2011 processing mortgages. Claimant has also worked in customer service at a bank processing mortgages and taking inbound and outbound calls at a call center.
11. Claimant alleges as disabling impairments: back pain, neuropathy, bulging discs, herniated discs, and torn discs. Claimant alleges no disabling mental impairments.

CONCLUSIONS OF LAW

The regulations governing the hearing and appeal process for applicants and recipients of public assistance in Michigan are found in the Michigan Administrative Code, MAC R 400.901-400.951. An opportunity for a hearing shall be granted to an applicant who requests a hearing because his or her claim for assistance has been denied. MAC R 400.903(1). Clients have the right to contest a department decision affecting eligibility or benefit levels whenever it is believed that the decision is incorrect. The department will provide an administrative hearing to review the decision and determine the appropriateness of that decision. BAM 600.

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).

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).

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 is not disqualified from receiving disability at Step 1.

The subjective and objective medical evidence on the record indicates that claimant testified on the record that she was receiving Unemployment Compensation Benefits until May, 2012 which was after her January 22, 2012 slip and fall. She lives with her cousin in a house and she is divorced with no children under 18 and she has no income. Claimant does receive Food Assistance Program benefits. Claimant does have a driver's license but usually is restricted from excessive transportation. Claimant does not cook, grocery shop or clean the home and she watches television all day long while she is lying down. Claimant testified that she can stand for 15 minutes and can sit for 20 minutes at a time and that she can walk from the house to the car. Claimant testified that she can shower and dress herself, but cannot squat, tie her shoes, bend at the waist or touch her toes. Claimant testified that she needs surgery on her right knee and that her level of pain on a scale of one to ten without medication is a ten and with medication is an eight. Claimant testified that she is right handed and that her hands and arms are fine and that the back of her thighs tingle and burn. Claimant testified she can carry less than ten pounds, that she does not smoke, drink or take any drugs. Claimant testified that on a typical day, she showers and goes to either physical therapy or doctors' appointments and then she comes home, eats and lays down most of the day.

A [REDACTED] Hospital report dated January 2, 2012 indicates that claimant had a slip and fall on ice. Her x-rays were noted for loss of normal cervical lordosis and moderate disc space narrowing throughout lumbar spine most marked at L2-L3 and L5-S1; there was no evidence of fracture or subluxation. She was feeling much better and had no difficulty ambulating at discharge. A [REDACTED] report dated February 2, 2012 at page 22 indicates minimal disc bulge at L3-L4 with no significant central canal stenosis or foraminal narrowing, L4-L5 broad based disc protrusion with bilateral foraminal narrowing, bilateral facet hypertrophy and ligamentum flavum thickening, L5-S1 left paracentral disc protrusion which abuts both nerve roots left greater than right and bilateral hypertroph and ligamentum flavum thickening; C3-C5 left paracentral disc osteophyte protrusion with bilateral neural foraminal narrowing left greater than right, C5-C6 bilateral neural foraminal narrowing, right greater than left, C6-7 central disc protrusion with mild central canal narrowing. A form completed by the claimant's chiropractor dated December 3, 2012 indicated that claimant had cervical and lumbar disc protrusions with associated radiculitis, pain, myospasm and cephalgia secondary to slip and fall trauma. The claimant's primary symptoms included neck pain, back pain, left posterior thigh pain, right leg and right foot numbness/tingling and headaches. The chiropractor opined that the claimant could sit less than 5 hours and stand/walk 0-2 hours. A November 8, 2012 report indicated that the claimant was noted to have a positive EMG showing a right L5-S1 lesion. On examination, she was 5'4" and 161 pounds. Motor, sensory and vibratory findings were intact. Range of motion in all four extremities was normal. Gait was normal. She had bilateral paravertebral muscle spasms in the cervical spine region with decreased range of motion. There was bilateral trapezius tenderness noted equally. She had decreased range of motion in the thoracolumbar region with bilateral paravertebral muscle spasm noted in the thoracolumbar region. Deep tendon reflexes were +2/4 in the upper and lower

extremities. Impression was cervical sprain/cervical myositis confirmed cervical disc by MRI, thoracolumbar sprain/thoracolumbar myositis confirmed lumbar disc by MRI and neuropathy in the lower extremities – left greater than right – secondary to positive lumbar disc (records from DDS).

At Step 2, claimant has the burden of proof of establishing that she has a severely restrictive physical or mental impairment that has lasted or is expected to last for the duration of at least 12 months. There is insufficient objective clinical medical evidence in the record that claimant suffers a severely restrictive physical or mental impairment. Claimant has reports of pain in multiple areas of her body; however, there are no corresponding clinical findings that support the reports of symptoms and limitations made by the claimant. There are no laboratory or x-ray findings listed in the file which support claimant's contention of disability. The clinical impression is that claimant is stable. There is no medical finding that claimant has any muscle atrophy or trauma, abnormality or injury that is consistent with a deteriorating condition. In short, claimant has restricted herself from tasks associated with occupational functioning based upon her reports of pain (symptoms) rather than medical findings. Reported symptoms are an insufficient basis upon which a finding that claimant has met the evidentiary burden of proof can be made. This Administrative Law Judge finds that the medical record is insufficient to establish that claimant has a severely restrictive physical impairment.

Claimant alleges no disabling mental impairments.

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).

There is insufficient objective medical/psychiatric evidence in the record indicating claimant suffers severe mental limitations. There is no mental residual functional capacity assessment in the record. There is insufficient evidence contained in the file of depression or a cognitive dysfunction that is so severe that it would prevent claimant from working at any job. Claimant was oriented to time, person and place during the hearing. Claimant was able to answer all of the questions at the hearing and was responsive to the questions. The evidentiary record is insufficient to find that claimant suffers a severely restrictive mental impairment. For these reasons, this Administrative Law Judge finds that claimant has failed to meet her burden of proof at Step 2. Claimant must be denied benefits at this step based upon her failure to meet the evidentiary burden.

If claimant had not been denied at Step 2, the analysis would proceed to Step 3 where the medical evidence of claimant's condition does not give rise to a finding that she would meet a statutory listing in the code of federal regulations.

If claimant had not already been denied at Step 2, this Administrative Law Judge would have to deny her again at Step 4 based upon her ability to perform her past relevant

work. There is no evidence upon which this Administrative Law Judge could base a finding that claimant is unable to perform work in which she has engaged in, in the past. Therefore, if claimant had not already been denied at Step 2, he would be denied again 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 some other less strenuous tasks than in her prior 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).

Claimant has submitted insufficient objective medical evidence that she lacks the residual functional capacity to perform some other less strenuous tasks than in her prior employment or that she is physically unable to do light or sedentary tasks if demanded of her. Claimant's activities of daily living do not appear to be very limited and she should be able to perform light or sedentary work even with her impairments. Claimant has failed to provide the necessary objective medical evidence to establish that she has a severe impairment or combination of impairments which prevent her from performing any level of work for a period of 12 months. The claimant's testimony as to her limitations indicates that she should be able to perform light or sedentary work.

There is insufficient objective medical/psychiatric evidence contained in the file of depression or a cognitive dysfunction that is so severe that it would prevent claimant from working at any job. Claimant was able to answer all the questions at the hearing

and was responsive to the questions. Claimant was oriented to time, person and place during the hearing. Claimant's complaints of pain, while profound and credible, are out of proportion to the objective medical evidence contained in the file as it relates to claimant's ability to perform work. Therefore, this Administrative Law Judge finds that the objective medical evidence on the record does not establish that claimant has no residual functional capacity. Claimant is disqualified from receiving disability at Step 5 based upon the fact that she has not established by objective medical evidence that she cannot perform light or sedentary work even with her impairments. Under the Medical-Vocational guidelines, a younger individual (age 43), with a high school education and an unskilled/semi-skilled work history who is limited to sedentary work is not considered disabled.

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 and retroactive Medical Assistance benefits. The claimant should be able to perform a wide range of light or sedentary work even with her impairments. The department has established its case by a preponderance of the evidence.

Accordingly, the department's decision is **AFFIRMED**.

/s/ _____
Landis Y. Lain
Administrative Law Judge
for Maura D. Corrigan, Director
Department of Human Services

Date Signed: May 8, 2013

Date Mailed: May 8, 2013

NOTICE: Michigan Administrative Hearing System (MAHS) may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the receipt date of this Decision and Order. MAHS 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. (60 days for FAP cases)

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.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
 - misapplication of manual policy or law in the hearing decision,
 - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
 - the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at
Michigan Administrative Hearings
Reconsideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

LYL/aca

cc:

