

4. On January 25, 2013 the Claimant's AHR submitted to the Department a timely hearing request.
5. On May 29, 2013 the State Hearing Review Team ("SHRT") found the Claimant not disabled and denied Claimant's request.
6. Interim Orders were entered on October 4, 2013 and October 30, 2013 requesting the Claimant's AHR to obtain a DHS 49 from the Claimant's treating doctor and requesting the Department to obtain additional medical information regarding medical records from her mental health care provider.
7. The new evidence was provided to the State Hearing Review Team (SHRT) on January 9, 2014 and the SHRT denied disability on February 25, 2014.
8. Claimant at the time of the hearing was [REDACTED] years old with a birth date of [REDACTED]. Claimant's height was 5'5" and weighed 217 pounds.
9. Claimant completed high school and one year of college.
10. Claimant has employment experience last worked [REDACTED] as a sandwich maker for [REDACTED]. The Claimant also was a financial services associate requiring clerical skills and processing of financial accounts. The Claimant also worked for the [REDACTED].
11. Claimant alleges physical disabling impairments due to severe back pain, weakness in legs with numbness and pain in both legs and arms and a history of spinal fusion and obesity BMI of 36. Claimant also has episodes of falling.
12. Claimant has alleged mental disabling impairments due to major depression.
13. Claimant's impairments have lasted or are expected to last for 12 months' duration or more.

CONCLUSIONS OF LAW

MA-P 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 administers MA-P 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 Bridges Reference Manual (RFT).

Pursuant to Federal Rule 42 CFR 435.540, the Department uses the Federal Supplemental Security Income (SSI) policy in determining eligibility for disability under MA-P. 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 are 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.

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 symptoms, diagnosis and prognosis, what an individual can do despite impairment(s), and the physical or mental restrictions. 20 CFR 416.927(a)(2).

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).

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, Appendix 1, 12.00(C).

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.

Pursuant to 20 CFR 416.920, a five-step sequential evaluation process is used to determine disability. An individual's current work activity, the severity of the impairment, the residual functional capacity, past work, age, education and work experience are evaluated. If an individual is found disabled or not disabled at any point, no further review is made.

The first step is to determine if an individual is working and if that work is “substantial gainful activity” (SGA). If the work is SGA, an individual is not considered disabled regardless of medical condition, age or other vocational factors. 20 CFR 416.920(b).

Secondly, the individual must have a medically determinable impairment that is “severe” or a combination of impairments that is “severe.” 20 CFR 404.1520(c). An impairment or combination of impairments is “severe” within the meaning of 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; Social Security Rulings (SSRs) 85-28, 96-3p, and 96-4p. If the claimant does not have a severe medically determinable impairment or combination of impairments, he/she is not disabled. If the claimant has a severe impairment or combination of impairments, the analysis proceeds to the third step.

The third step in the process is to assess whether the impairment or combination of impairments meets a Social Security listing. If the impairment or combination of impairments meets or is the medically equivalent of a listed impairment as set forth in Appendix 1 and meets the durational requirements of 20 CFR 404.1509, the individual is considered disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, the trier must determine the claimant’s residual functional capacity. 20 CFR 404.1520(e). An individual’s residual functional capacity is his/her ability to do physical and mental work activities on a sustained basis despite limitations from his/her impairments. In making this finding, the trier must consider all of the claimant’s impairments, including impairments that are not severe. 20 CFR 404.1520(e) and 404.1545; SSR 96-8p.

The fourth step of the process is whether the claimant has the residual functional capacity to perform the requirements of his/her past relevant work. 20 CFR 404.1520(f). The term past relevant work means work performed (either as the claimant actually performed it or as is it generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. If the claimant has the residual functional capacity to do his/her past relevant work, then the claimant is not disabled. If the claimant is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth step.

In the fifth step, an individual’s residual functional capacity is considered in determining whether disability exists. An individual’s age, education, work experience and skills are used to evaluate whether an individual has the residual functional capacity to perform work despite limitations. 20 CFR 416.920(e).

The Claimant alleges physical disabling impairments due to severe back pain, weakness in legs with numbness and pain in both legs and arms and a history of spinal fusion and obesity, BMI of 36. Claimant also has episodes of falling.

Claimant has alleged mental disabling impairments due to major depression.

A summary of the Claimant's medical evidence presented at the hearing follows.

The Claimant has been treated by a [REDACTED] care provider since [REDACTED]. An evaluation was conducted on [REDACTED]. At the time she was seen for evaluation the Claimant reported her life to be falling apart, with reported symptoms of sleep disturbance, appetite irregularity, and panic attacks and hopelessness. The Claimant reported daily crying spells. The Claimant reported falling and falling sideways, tingling and sharp pains in the legs. The Claimant also reported urinary incontinence. At the time of the examination the Claimant was cooperative, her affect was constricted, psychomotor activity was slowed, thought processes were goal directed, attention/cooperation was within normal limits, and impulse control was adequate. Diagnosis was Major Depressive Disorder. GAF score was 50. The Diagnostic Summary noted currently depressed with passive suicidal thoughts and very distressed about lack of health care. The Claimant is seen monthly by her treater. The Claimant has been prescribed Neurontin, Synthroid, Tramadol Valium and Pristiq.

The Claimant was seen by her neurologist in [REDACTED] with a diagnosis of lumbar stenosis.

The Claimant was seen in the emergency room in [REDACTED] regarding low back pain and bilateral lower extremity pain. Straight leg was negative bilaterally. Back spasm was noted. No significant suspicion for spinal cord compression. Claimant was prescribed pain medication and then discharged. Claimant was seen for follow up outpatient for continued back pain in [REDACTED].

The Claimant's treating physician (neurologist) completed a medical examination report on [REDACTED]. The report indicated that Claimant was improving but imposed limitations. The Claimant was evaluated as capable of meeting her needs in the home. The Claimant was limited to lifting less than 10 pounds only occasionally and could stand or walk less than 2 hours in an 8 hour work day. Claimant was evaluated as capable of using her hands and arms for all tasks evaluated and could not use her feet for operating foot controls. The diagnosis was lumbar stenosis neuropathy and ataxia (loss of coordination) cervical spondylitic myelopathy. The diagnosis was based upon an MRI of lumbar spine which demonstrated foraminal stenosis at L2 -L3. A Medical Needs form was also completed by the neurologist which indicated no bending, lifting or stooping, no prolonged standing.

An MRI of the lumbar spine was performed on [REDACTED] which noted impressions: There has been posterior metallic fusion of L3, L4 and L5 segments with moderate degenerative type disc narrowing and desiccation seen to involve L2 through S1. There is mild diffuse bulging of the L2-L3 disc which does result in mild right neural foraminal effacement at this level.

Here, Claimant has satisfied requirements as set forth in steps one and two, as Claimant was not employed at the time of the hearing and has demonstrated impairments which have met the Step 2 severity requirements.

In addition, the Claimant's impairments have been examined in light of the listings and after a review of the evidence the Claimant's impairments do not meet a listing as set forth in Appendix 1, 20 CFR 416.926. Listing 12.04 Affective Disorders, (Depression) was reviewed and it was determined that the listing was not met. Listing 1.04 Disorders of the Spine was also reviewed and it was determined that the Claimant retains the ability to ambulate and thus the listing was not met. Therefore, vocational factors will be considered to determine claimant's residual functional capacity to do relevant work.

Claimant has a number of symptoms and limitations, as cited above, as a result of these conditions. Claimant's treating physician noted that Claimant would be able to stand and walk for less than 2 hours in an 8-hour day, was limited to lifting less than 10 pounds occasionally and was noted as unable to operate foot controls with both feet. The Claimant was evaluated as improving but also was found restricted to no lifting stooping, bending, and no prolonged standing.

Claimant credibly testified to the following symptoms and abilities: the Claimant could not walk more than a quarter block slowly and could stand for 10-15 minutes and sit for 30 to 40 minutes. The Claimant could lift no more than 8 pounds and sometimes needs assistance with showering and dressing herself due to back pain. The Claimant's subjective pain level in her back with pain medication was 7. The Claimant testified she could not squat. The Claimant cannot climb stairs without difficulty. The Claimant's testimony is supported by her treating physician's evaluation and imposition of limitations. At the time of the hearing the Claimant was unable to drive due to pain in her back and hip and must use a motorized cart when grocery shopping.

In the fourth step of the analysis the issue to be considered is whether the claimant has the ability to perform work previously performed by the claimant within the past 15 years. The trier of fact must determine whether the impairment(s) presented prevent the claimant from doing past relevant work. In the present case, Claimant's employment experience was that she last worked in [REDACTED] as a sandwich maker for [REDACTED]. The Claimant also was a financial services associate requiring clerical skills and processing of financial accounts. The Claimant also worked for the [REDACTED].

The Claimant testified that the [REDACTED] position required standing and walking much of the work day and that this job required her to lift at least 20 pounds, sometimes 30 pounds. The Claimant's job as a financial service associate required clerical skills and walking and carry heavy files and filing while standing. The Claimant credibly testified that she could no longer carry the files or walk the required distance to retrieve files and perform filing while standing for long periods. The [REDACTED] position also required filing

and carrying large files and legal boxes weighing between 25 and 60 pounds. She also testified she could not do the required bending or stooping while filing. The Claimant's prior positions involved light to medium work and were semi-skilled and the skills are not transferable.

Given the Claimant's documented limitations with standing, walking and testimony regarding her own pain while sitting, and limitations on lifting less than 10 pounds and no lifting, stooping or bending, it is determined that Claimant cannot perform any of the functions previously performed in her prior employment positions and cannot meet the standing and walking requirements of those jobs as well as the lifting requirements. This Administrative Law Judge finds, based on the medical evidence and objective, physical limitations testified by the Claimant and confirmed by her treating doctor's assessment and imposition of limitations, that Claimant is not capable of the physical activities required to perform any such position and cannot perform past relevant work, and thus a Step 5 analysis is required 20 CFR 416.920(e).

In the final step of the analysis, the trier of fact must determine if the claimant's impairment(s) prevent the claimant from doing other work. 20 CFR 416.920(f). This determination is based upon the claimant's:

1. residual functional capacity defined simply as "what can you still do despite your limitations?" 20 CFR 416.945;
2. age, education, and work experience, 20 CFR 416.963-965; and
3. the kinds of work which exist in significant numbers in the national economy which the claimant could perform despite her limitations. 20 CFR 416.966.

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).

In Step 5, an assessment of the individual's residual functional capacity and age, education, and work experience is considered to determine whether an adjustment to other work can be made. 20 CFR 416.920(4)(v). At the time of hearing, the Claimant was 48 years old and thus considered to be a younger individual for MA-P purposes. The Claimant has a high school education and one year of college. Disability is found if an individual is unable to adjust to other work. *Id.* At this point in the analysis, the burden shifts from the Claimant to the Department to present proof that the Claimant has the residual capacity to substantial gainful employment. 20 CFR 416.960(2); *Richardson v Sec of Health and Human Services*, 735 F2d 962, 964 (CA 6, 1984).

While a vocational expert is not required, a finding supported by substantial evidence that the individual has the vocational qualifications to perform specific jobs is needed to meet the burden. *O'Banner v Sec of Health and Human Services*, 587 F2d 321, 323 (CA 6, 1978). Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix II, may be used to satisfy the burden of proving that the individual can perform specific jobs in the national economy. *Heckler v Campbell*, 461 US 458, 467 (1983); *Kirk v Secretary*, 667 F2d 524, 529 (CA 6, 1981) *cert den* 461 US 957 (1983).

The evaluations and medical opinions of a "treating" physician is "controlling" if it is well-supported by medically acceptable clinical and laboratory diagnostic techniques and is not inconsistent with the other substantial evidence in the case record. 20 CFR§ 404.1527(d)(2), Deference was given by the undersigned to objective medical testing, MRI and clinical observations of the Claimant's treating neurologist. In addition, the Claimant's evaluation by her treating psychiatrist also painted a picture of someone chronically depressed due to health and financial issues with a consistent 3 year treatment record and a GAF score of 50 which remained unchanged throughout her

course of treatment. Claimant's obesity was also considered as affecting her work abilities. After a review of the entire record, including the Claimant's testimony and medical evidence presented, and the objective medical evidence provided by the Claimant's treating physician who places the Claimant at less than sedentary, the total impact caused by the physical impairment suffered by the Claimant and mental impairments in combination must be considered. In doing so, it is found that the combination of the Claimant's physical impairments and depression have a major impact on her ability to perform basic work activities. Accordingly, it is found that the Claimant is unable to perform the full range of activities for even sedentary work as defined in 20 CFR 416.967(a). After review of the entire record, and in consideration of the Claimant's age, education, work experience and residual functional capacity it is found that the Claimant is disabled for purposes of the MA-P program at Step 5.

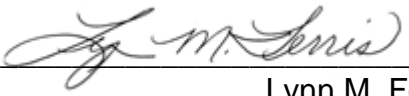
DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that Claimant is medically disabled as of September 2010.

Accordingly, the Department's determination is REVERSED.

THE DEPARTMENT IS ORDERED TO INITIATE THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. The Department is ORDERED to initiate a review of the application dated November 13, 2012 and applicable retro period (October 2012 if not done previously, to determine Claimant's non-medical eligibility).
2. A review of this case shall be set for March 2015.



Lynn M. Ferris
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: March 25, 2014

Date Mailed: March 25, 2014

NOTICE OF APPEAL: 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

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 mailing 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).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-07322

LMF/cl

cc: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]