

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

IN THE MATTER OF:

██████████
██
██
██

Reg. No.: 2014 23639
Issue No.: 2009
Case No.: ██████████
Hearing Date: May 15, 2014
County: Wayne County DHS (19)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

HEARING DECISION

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250; and 45 CFR 205.10. After due notice, a telephone hearing was held on May 15, 2014, from Detroit, Michigan. Participants on behalf of Claimant included the Claimant. Participants on behalf of the Department of Human Services (Department) included ██████████, Eligibility Specialist.

ISSUE

Whether the Department properly determined that Claimant is not "disabled" for purposes of the Medical Assistance (MA-P) program?

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 July 16, 2013 Claimant applied for MA-P.
2. On December 30, 2013 the Medical Review Team denied Claimant's request.
3. The Department sent the Claimant the Notice of Case Action dated January 7, 2014 denying the Claimant's MA-P application. Exhibit 1

4. On January 13, 2014 Claimant submitted to the Department a timely hearing request.
5. On April 10, 2014 the State Hearing Review Team ("SHRT") found the Claimant not disabled and denied Claimant's request.
6. An Interim Order was issued on May 16 2014 ordering new medical records and a DHS 49 from Claimant's neurologist/neurosurgeon, her treating doctor.
7. On August 5, 2014 the State Hearing Review Team denied Claimant's request and found Claimant not disabled.
8. Claimant at the time of the hearing was ■ years old with a birth date of ■■■■■■■■■■. The Claimant is now ■ years of age. Claimant's height was 5' '2" and weighed 93 pounds. The Claimant has lost over 20 pounds in the last three months.
9. Claimant completed high school.
10. Claimant's prior work experience is as a roofer performing tear off of shingles, climbing ladders and cleaning up roofing jobs. The Claimant also worked at a 7-Eleven convenience store stocking shelves and cashiering. Claimant also worked at a laundromat.
11. The Claimant has not alleged mental disabling impairments.
12. Claimant alleges physical disabling impairments due to Cauda Equina Syndrome, partial and a post-operative lumbar fusion, and diminished range of motion in the flexion and extension to 30°. Desensitization of the right leg and left lateral calf and three of five digits of the left foot
13. Claimant's impairments have lasted or are expected to last for 12 months duration or more.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105.

The State Disability Assistance (SDA) program, which provides financial assistance for disabled persons, was established by 2004 PA 344. The Department administers the

SDA program pursuant to MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180. Department policies are found in BAM, BEM, and RFT. A person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal SSI disability standards for at least ninety days. Receipt of SSI benefits based on disability or blindness, or the receipt of MA benefits based on disability or blindness automatically qualifies an individual as disabled for purposes of the SDA program.

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).

Claimant alleges physical disabling impairments due to Cauda Equina Syndrome, partial and a post-operative lumbar fusion, and diminished range of motion in the flexion and extension to 30°. Desensitization of the right leg and left lateral calf and three of five digits of the left foot

The Claimant has not alleged mental disabling impairments.

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

On [REDACTED] [REDACTED] [REDACTED] the Claimant's treating neurosurgeon completed a Medical Examination Report. The diagnosis was Cauda Equina Syndrome, partial and a post-operative lumbar fusion. The examination noted range of motion diminished in the flexion and extension to 30°. Desensitization of the right leg and left lateral calf and three of five digits of the left foot. Limitations were imposed which were expected to last more than 90 days. The Claimant was limited to lifting occasionally less than 10 pounds and could not stand or walk less than two hours in an eight hour workday. Assistive devices were deemed necessary including a walker and an AFO brace. The Claimant could not operate foot/leg controls, and the Claimant could not push or pull with either hand or arm. The Claimant could perform simple grasping, reaching and fine manipulation. The medical findings supporting the limitations were post-op lumbar fusion with persistent weakness and paresthesia. The Claimant was on numerous pain medications.

The Claimant's treating surgeon also prepared a written letter indicating that the Claimant was under treatment for Cauda Equina Syndrome, with a neurogenic bladder as well as injury to the peroneal nerve. Shortly after the surgery in [REDACTED] she began having increased pain in the low back and right leg. Current symptoms include low back pain and low right lower extremity pain and swelling in both feet associated with numbness and pain.

The Claimant underwent a spinal fusion in [REDACTED] due to low back pain radiating to both legs and severe herniated disc with paresthesia of bilateral legs. At the time of the surgery the Claimant's pain was 10 of 10 and the condition was worsening. The symptoms were aggravated by bending and twisting with associated symptoms of numbness, weight loss, bladder incontinence. There is tingling and weakness. At the time of the examination the Claimant had decreased range of motion, tenderness bony tenderness pain and spasm. The postoperative diagnosis was large herniated disc

fragment at L5 – S1 with Cauda Equine Syndrome as well as history of chronic back pain.

An MRI of the lumbar spine was performed on [REDACTED]. At the time the impression was a large disc protrusion at L5-S1 which has increased in size compared to prior exam. In August 2013 at L5-S1 the large central disc protrusion resulted in complete obliteration of the spinal canal and severe narrowing of the thecal sac. The [REDACTED] MRI noted large posterior disc protrusion with severe, extensive spinal canal stenosis with mass effect on the descending nerve roots within the spinal canal. The Claimant was seen for follow-up with complaints of pain and numbness of her right leg 10 out of 10 post-operatively on [REDACTED]. At that time the assessment was that the Claimant was experiencing pain due to injury to the peroneal nerve. The Claimant's pain medications were increased and a brace for her back was ordered.

The Claimant's neurosurgeon completed a medical examination report in [REDACTED] and imposed the same or similar limitations to those imposed post-surgery. At the time Cauda Equina Syndrome was not diagnosed.

Here, Claimant has satisfied requirements as set forth in steps one and two, as Claimant is not employed and her impairments 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 1.04, Disorders of the Spine, was examined in light of the Claimant's difficulty walking and continuing pain and right leg cauda equina, however the listing requirements were not met or supported by the available medical evidence. 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 credibly testified to the following symptoms and abilities. The Claimant cannot do laundry because she is unable to carry the laundry, a laundry basket, and uses a walker. Claimant also cannot vacuum due to pain. Claimant could walk a hundred yards with her walker, could not stand more than 10 minutes at a time and experienced swelling in her feet and ankles and back pain. The Claimant could sit for 30 minutes and then experienced pain. The Claimant needs help with putting on her socks and shoes as she cannot bend to reach them. The Claimant could carry 5 pounds. The Claimant needed assistance with showering and has very little range of motion at her waist making it difficult to bend. Claimant spends most of her day lying down due to pain with standing and sitting. The Claimant no longer drives because she has no feeling or sensation in her right leg. The Claimant can climb a few stairs using handrails on both sides. When grocery shopping the Claimant must use a motorized cart. The Claimant could not squat or touch her toes. The Claimant's testimony was deemed credible. The Claimant's treating doctor also found there were limitations and

imposed limitations on sitting as well as walking and found an assistive device was necessary.

The fourth step of the analysis 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 past employment was as a roofer performing tear off of shingles climbing ladders and cleaning up roofing jobs. The Claimant also worked at a 7-Eleven convenience store stocking shelves and cashiering. Claimant also worked at a laundromat.

In the roofing job Claimant lifted 30 to 50 pound boxes of shingles, climbed ladders and performed job site cleanup. In her cashiering job and laundromat job managing the laundromat, the Claimant was on her feet most of the day and also was required to lift laundry weighing anywhere from 30 to 50 pounds, as well as stocking shelves in her cashiering job weighing approximately the same weight. The Claimant's work was unskilled and therefore transferability is not an issue. This prior work requires abilities and capabilities that based on the limitations presented cannot be any longer achieved by the Claimant. Therefore it is determined that the Claimant is no longer capable of past relevant work. 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 ■ years old and thus is considered a younger individual for MA-P purposes. The Claimant has a high school education and has been restricted with limitations on sitting and standing less than 2 hours in an 8 hour workday and lifting less than 10 pounds occasionally. 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).

After a review of the entire record, including the Claimant's credible testimony and medical evidence presented, and the objective medical evidence, particularly the medical treatment records, the MRI's and the physical evaluations done by the Claimant's treating neurosurgeon, as well as imposition of limitations, it is determined that the total impact caused by the physical impairment suffered by the Claimant must be considered.

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 and clinical observations of the Claimant's treating physician. In addition, the Claimant's evaluation by her treating neurosurgeon considered her condition to be deteriorating, imposed limitations and prescribed assistive devices for walking and an AFO brace. 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 must be considered. In doing so, it is found that the combination of the Claimant's physical impairments have a major impact on her ability to perform even 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

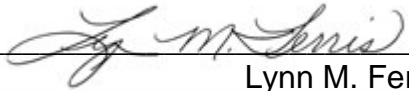
The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that Claimant is medically disabled.

Accordingly, the Department's decision is hereby 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 July 16, 2013 and retro application if any, if not done previously, to determine Claimant's non-medical eligibility.

2. A review of this case shall be set for September 2015.


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

Date Signed: September 2, 2014

Date Mailed: September 2, 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]