

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

IN THE MATTER OF:

[REDACTED]

MAHS Reg. No.: 15-008766
Issue No.: 4009
Agency Case No.: [REDACTED]
Hearing Date: October 05, 2015
County: Grand Traverse

ADMINISTRATIVE LAW JUDGE: Alice C. Elkin

DECISION AFTER REHEARING

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; Mich Admin Code, R 792.10136, and an Order Vacating Decision and Order and Granting Rehearing issued August 24, 2015 by Administrative Law Judge/Manager Jonathan W. Owens. The date for a new hearing having been assigned and due notice having been provided, a telephone hearing was held on October 5, 2015, from Detroit, Michigan. Participants on behalf of Claimant included Claimant and [REDACTED], Claimant's fiancé. Participants on behalf of the Department of Health and Human Services (Department) included [REDACTED] Program Manager, and [REDACTED], Eligibility Specialist.

ISSUE

Did the Department properly determine that Claimant was not disabled for purposes of the State Disability Assistance (SDA) benefit program?

FINDINGS OF FACT

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

1. On March 31, 2014, Claimant applied for SDA benefits based on a disability.
2. On April 23, 2015, the Medical Review Team (MRT) determined that Claimant was not a disabled individual (Exhibit A, pp. 351-356).
3. On April 23, 2015, the Department sent Claimant a Notice of Case Action denying her SDA application based on MRT's finding of no disability.
4. On June 5, 2015, Claimant requested a hearing disputing the denial of SDA benefits (Exhibit A, pp. 4-5).

5. On the date of the hearing, Claimant was [REDACTED] years old with a [REDACTED], birth date; she is 5'7 1/2" in height and weighs about 145 pounds.
6. Claimant was not employed at the time of application.
7. Claimant completed the 12th grade and received an associate's degree.
8. Claimant has a history of employment as an administrative assistant, a collection agent, and retail sales clerk.
9. Claimant alleged disability based on pituitary gland dysfunction, adrenal insufficiency, osteoporosis, chronic obstructive pulmonary disease (COPD), asthma, hypothyroid disease, Alpha 1 antitrypsin disorder, fibromyalgia, migraines, joint pain, heart murmurs, and various mental health problems including obsessive-compulsive disorder (OCD), bipolar disorder, attention deficit hyperactivity disorder (ADHD), anxiety disorder, and post-traumatic stress disorder (PTSD).

CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), and Department of Health and Human Services Reference Tables Manual (RFT).

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 42 CFR 435, MCL 400.10 *et seq.* and Mich Admin Code, Rules 400.3151 – 400.3180.

A disabled person is eligible for SDA. BEM 261 (July 2014), p. 1. An individual automatically qualifies as disabled for purposes of the SDA program if the individual receives Supplemental Security Income (SSI) or Medical Assistance (MA-P) benefits based on disability or blindness. BEM 261, p. 2. Otherwise, to be considered disabled for SDA purposes, a person must have a physical or mental impairment for at least 90 days, which meets federal SSI disability standards, meaning the person is unable to do any substantial gainful activity by reason of any medically determinable physical or mental impairment. BEM 261, pp. 1-2; 20 CFR 416.901; 20 CFR 416.905(a).

To determine whether an individual is disabled for SSI purposes, the trier of fact must apply a five-step sequential evaluation process and consider the following:

- (1) whether the individual is engaged in substantial gainful activity (SGA);
- (2) whether the individual's impairment is severe;
- (3) whether the impairment and its duration meet or equal a listed impairment in Appendix 1 Subpart P of 20 CFR 404;

- (4) whether the individual has the residual functional capacity to perform past relevant work; and
- (5) whether the individual has the residual functional capacity and vocational factors (based on age, education and work experience) to adjust to other work. 20 CFR 416.920(a)(1) and (4); 20 CFR 416.945.

If an individual is found disabled, or not disabled, at any step, a determination or decision is made with no need to evaluate subsequent steps. 20 CFR 416.920(a)(4). If a determination cannot be made that an individual is disabled, or not disabled, at a particular step, the next step is required. 20 CFR 416.920(a)(4).

In general, the individual has the responsibility to establish a disability through the use of competent medical evidence from qualified medical sources such as his or her medical history, clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for recovery and/or medical assessment of ability to do work-related activities or, if a mental disability is alleged, to reason and make appropriate mental adjustments. 20 CFR 416.912(a); 20 CFR 416.913. An individual's subjective pain complaints are not, in and of themselves, sufficient to establish disability. 20 CFR 416.908; 20 CFR 416.929(a). Similarly, conclusory statements by a physician or mental health professional that an individual is disabled or blind, absent supporting medical evidence, are insufficient to establish disability. 20 CFR 416.927(d).

Step One

The first step in determining whether an individual is disabled requires consideration of the individual's current work activity. 20 CFR 416.920(a)(4)(i). If an individual is working and the work is SGA, then the individual must be considered not disabled, regardless of medical condition, age, education, or work experience. 20 CFR 416.920(b); 20 CFR 416.971. SGA means work that involves doing significant and productive physical or mental duties and that is done, or intended to be done, for pay or profit. 20 CFR 416.972.

In this case, Claimant has not engaged in SGA activity during the period for which assistance might be available. Therefore, Claimant is not ineligible under Step 1 and the analysis continues to Step 2.

Step Two

Under Step 2, the severity of an individual's alleged impairment(s) is considered. If the individual does not have a severe medically determinable physical or mental impairment that meets the duration requirement, or a combination of impairments that is severe and meets the duration requirement, the individual is not disabled. 20 CFR 416.920(a)(4)(ii). The duration requirement for SDA means that the impairment is expected to result in death or has lasted, or is expected to last, for a continuous period of at least 90 days. 20 CFR 416.922; BEM 261, p. 2.

An impairment, or combination of impairments, is severe if it significantly limits an individual's physical or mental ability to do basic work activities regardless of age, education

and work experience. 20 CFR 416.920(a)(4)(ii); 20 CFR 416.920(c). Basic work activities mean the abilities and aptitudes necessary to do most jobs. 20 CFR 416.921(b). Examples include (i) physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling; (ii) the capacity to see, hear, and speak; (iii) the ability to understand, carry out, and remember simple instructions; (iv) use of judgment; (v) responding appropriately to supervision, co-workers and usual work situations; and (vi) dealing with changes in a routine work setting. 20 CFR 416.921(b).

The individual bears the burden to present sufficient objective medical evidence to substantiate the alleged disabling impairments. While the Step 2 severity requirement may be employed as an administrative convenience to screen out claims that are totally groundless solely from a medical standpoint, under the *de minimis* standard applied at Step 2, an impairment is severe unless it is only a slight abnormality that minimally affects work ability regardless of age, education and experience. *Higgs v Bowen*, 880 F2d 860, 862-863 (CA 6, 1988), citing *Farris v Sec of Health and Human Services*, 773 F2d 85, 90 n.1 (CA 6, 1985). A claim may be denied at Step 2 only if the evidence shows that the individual's impairments, when considered in combination, are not medically severe, i.e., do not have more than a minimal effect on the person's physical or mental ability to perform basic work activities. Social Security Ruling (SSR) 85-28. If such a finding is not clearly established by medical evidence or if the effect of an impairment or combination of impairments on the individual's ability to do basic work activities cannot be clearly determined, adjudication must continue through the sequential evaluation process. *Id.*; SSR 96-3p.

In the present case, Claimant alleges disabling impairment due to pituitary gland dysfunction, adrenal insufficiency, osteoporosis, COPD, asthma, hypothyroid disease, Alpha 1 disorder, fibromyalgia, migraines, joint pain, heart murmurs, and various mental health problems including OCD, bipolar disorder, ADHD, anxiety disorder, and post-traumatic stress disorder PTSD. At the hearing, Claimant explained that a pituitary tumor had caused many of her physical health issues. The medical evidence presented at the hearing, which included many medical documents from 2010 to 2012, was reviewed and is summarized below.

Claimant has a medical history of hypopituitarism, hypothyroidism, adrenal insufficiency, osteoporosis, anemia, and asthma (Exhibit A, pp. 90, 196, 199, 406).

Claimant had an atypical pituitary adenoma that was surgically resected in [REDACTED] (Exhibit A, pp. 50-52). An [REDACTED], brain MRI showed enhancing material occupying much of the expanded pituitary fossa, but no longer any suprasellar nor significant infrasellar component present (Exhibit A, pp. 24-25). A radiation oncology progress note dated [REDACTED], indicated that Claimant had no clinical evidence of the disease at the time (Exhibit A, p. 53). An [REDACTED] brain MRI showed no changes since [REDACTED] (Exhibit A, p. 22). A [REDACTED], eye exam showed best corrected visual acuity at 20/20 for each eye and full visual fields measuring 110 degrees for each eye (Exhibit A, pp. 28, 44-47).

On [REDACTED], Claimant was examined by a doctor at the Department's request. In his report, the doctor concluded that pulmonary function studies revealed some degree of mild active bronchospasm with inspiratory and expiratory wheezing supporting a history of dyspnea. Although Claimant reported a history of discomfort of her joints and reported tenderness with movement in the lumbar spine during the exam, other joints in the upper and lower extremities revealed no tenderness or evidence of active synovitis. The doctor noted that there was no evidence of nerve root impingement and Claimant walked normally, did not use an assist device, and did not have difficulty with orthopedic maneuvers. He noted a history of hypothyroidism on replacement therapy and a history of adrenal insufficiency on hydrocortisone treatment. (Exhibit A, pp. 206-210.)

As of [REDACTED], Claimant had a diagnosis of hypopituitarism leading to low estrogen and osteoporosis (Exhibit A, pp. 55-56). A [REDACTED], bone density scan showed a T-score of -3.6 of the lumbar spine evidencing osteoporosis and T-scores of -1.6 of the left femoral neck, -2.3 of the left total hip, -1.4 of the right femoral neck, and -2.4 of the right total hip, evidencing low bone density (osteopenia). (Exhibit A, pp. 74-75, 226-227.)

On [REDACTED], a an A1AT deficiency profile found that Claimant was the carrier of Alpha 1 antitrypsin (A1A) deficiency but noted that carriers are usually not at risk for developing symptoms related to A1A deficiency unless A1A serum concentrations fall below protective amounts (approximately 60 mg/dl) (Exhibit A, pp. 123-124). Claimant's doctor advised Claimant that individuals with carrier status do not generally have low enough Alpha-1 antitrypsin levels to develop lung disease (Exhibit A, p. 202).

In [REDACTED] and [REDACTED], Claimant went to the emergency department complaining of difficulty breathing (Exhibit A, pp. 80-83, 90-91). A [REDACTED], pulmonary function test showed mild obstructive lung disease without a significant bronchodilator response, decreased lung diffusion, and normal lung volumes. Claimant's best post-bronchodilator FVC score was 3.25 (79% of predicted). Claimant's best post-bronchodilator FEV1 was 2.54 (75% of predicted). (Exhibit A, pp. 84-85, 125-128).

On [REDACTED], Claimant was examined by a psychologist at the Department's request who prepared a psychological report. The doctor diagnosed Claimant with depressive disorder and PTSD and assigned her a global assessment functioning (GAF) score of 38. The doctor noted that Claimant had attention-related difficulties, such as problems with losing things, short attention span, and difficulty with concentration, but was unable to conclude whether she had ADHD given her anxiety-related problems. The doctor concluded that Claimant would be able to understand simple directions but might have difficulty carrying them out on a sustained basis given her severe anxiety symptoms at the time. The doctor opined that Claimant would have some problems getting along with others given her trust issues and fears of being around people. Claimant's prognosis was guarded without ongoing treatment which she was not currently receiving. (Exhibit A, pp. 179-184, 447-454.)

On [REDACTED], Claimant went to the emergency department complaining of abdominal pain and was diagnosed with acute abdominal pain, possible biliary dyskinesia (Exhibit A, pp. 469-470).

Notes from Claimant's [REDACTED], office visit showed that she was on estrogen to treat her hypopituitarism (Exhibit A, pp. 428-425).

On [REDACTED], Claimant went to the emergency department complaining of vomiting and diarrhea and was diagnosed with gastroenteritis (Exhibit A, pp. 398-403). On [REDACTED], Claimant went to the emergency department complaining of nausea, diarrhea, headache, and jitteriness. The doctor concluded that Claimant's symptoms were well-known side effects of Zoloft, which would gradually dissipate with further use and he recommended she continue to take the medication. (Exhibit A, pp. 394-397.)

On [REDACTED], Claimant's doctor completed a letter in support of Claimant's application for disability indicating that Claimant was unable to fully participate in employment because of multiple health concerns. The doctor noted constant and significant fatigue associated with the original pituitary tumor treatment, which included surgical removal and radiation; hypopituitarism with resultant osteoporosis, adrenal insufficiency, thyroid insufficiency, and lack of estrogen; significant anxiety, PTSD, and depression that affected her daily life and for which she was in counseling; Alpha 1 antitrypsin deficiency with asthma (related to allergies) and decreased lung function that would continue to erode; and gallbladder dyskinesia causing severe episodic nausea and multiple joint pains. (Exhibit A, p. 426.)

On [REDACTED], Claimant went to the emergency department and was diagnosed with a virus (Exhibit A, pp. 386-393). A [REDACTED], chest x-ray showed no acute disease in the chest (Exhibit A, p. 382).

An integrated psychological/substance abuse report was completed [REDACTED], by [REDACTED]. Claimant was diagnosed with major depression, recurrent, moderate; generalized anxiety disorder; and possible OCD. The examining psychologist noted that Claimant's test scores indicated that she was rather high strung emotionally, tended to be very sensitive to others with the underlying tone that others do not understand her and are not likely to be sympathetic towards her, behavior that brought about significant, chronic types of existential anxiety that manifested as poor focus, concentration, and easy distractibility. The psychologist noted that Claimant lacked insight and recommended one-on-one treatment. He concluded that, based on the test results and information provided by Claimant, Claimant did not meet the criteria for ADHD or bipolar. However, her medical history of adrenal deficiency in combination with her lack of safe interpersonal haven through early adulthood supported her experiences of high anxiety (both chronic and acute) intertwined with periods of despair and depression. The psychologist noted that persons with Claimant's behavioral pattern are prone to developing obsessive types of traits or behaviors in a bid to control their anxiety. (Exhibit A, pp. 366-368.)

In consideration of the *de minimis* standard necessary to establish a severe impairment under Step 2, the foregoing medical evidence is sufficient to establish that Claimant suffers from severe impairments that have lasted or are expected to last for a continuous period of not less than 90 days. Therefore, Claimant has satisfied the requirements under Step 2, and the analysis will proceed to Step 3.

Step Three

Step 3 of the sequential analysis of a disability claim requires a determination if the individual's impairment, or combination of impairments, is listed in Appendix 1 of Subpart P of 20 CFR, Part 404. 20 CFR 416.920(a)(4)(iii). If an individual's impairment, or combination of impairments, is of a severity to meet or medically equal the criteria of a listing and meets the duration requirement (20 CFR 416.909), the individual is disabled. If not, the analysis proceeds to the next step.

The medical evidence presented does **not** show that Claimant's impairments meet or equal the required level of severity of any of the listings in Appendix 1 to be considered as disabling without further consideration. Listings 1.02 (major dysfunction of a joint), 1.04 (disorders of the spine), 3.02 (chronic pulmonary insufficiency), 3.03 (asthma), 4.05 (recurrent arrhythmias), 7.05 (hemolytic anemias), 9.00 (endocrine disorders), 12.04 (affective disorders), 12.06 (anxiety-related disorders), 12.08 (personality disorders) were considered. Because Claimant's impairments are insufficient to meet, or to equal, the severity of a listing, Claimant is not disabled under Step 3 and the analysis continues to Step 4.

Residual Functional Capacity

If an individual's impairment does not meet or equal a listed impairment under Step 3, before proceeding to Step 4, the individual's residual functional capacity (RFC) is assessed. 20 CFR 416.920(a)(4); 20 CFR 416.945. RFC is the most an individual can do, based on all relevant evidence, despite the limitations from the impairment(s), including those that are not severe, and takes into consideration an individual's ability to meet the physical, mental, sensory and other requirements of work. 20 CFR 416.945(a)(1), (4); 20 CFR 416.945(e).

RFC is assessed based on all relevant medical and other evidence such as statements provided by medical sources, whether or not they are addressed on formal medical examinations, and descriptions and observations of the limitations from impairment(s) provided by the individual or other persons. 20 CFR 416.945(a)(3). This includes consideration of (1) the location/duration/frequency/intensity of an applicant's pain; (2) the type/dosage/effectiveness/side effects of any medication the applicant takes to relieve pain; (3) any treatment other than pain medication that the applicant has received to relieve pain; and (4) the effect of the applicant's pain on his or her ability to do basic work activities. 20 CFR 416.929(c)(3). The applicant's pain must be assessed to determine the extent of his or her functional limitation(s) in light of the objective medical evidence presented. 20 CFR 416.929(c)(2).

Limitations can be exertional, nonexertional, or a combination of both. 20 CFR 416.969a. If the limitations and restrictions imposed by the individual's impairment(s) and related symptoms, such as pain, affect only the ability to meet the strength demands of jobs (i.e., sitting, standing, walking, lifting, carrying, pushing, and pulling), the individual is considered to have only exertional limitations. 20 CFR 416.969a(b). To determine the exertional requirements, or physical demands, of work in the national economy, jobs are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967; 20 CFR 416.969a(a).

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.

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. To be considered capable of performing a full or wide range of light work, [an individual] must have the ability to do substantially all of these activities. If someone can do light work, ... he or she can also do sedentary work, unless there are additional limiting factors such as loss of fine dexterity or inability to sit for long periods of time.

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, ... he or she can also do sedentary and light work.

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, ... he or she can also do medium, light, and sedentary work.

Very heavy work.

Very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying of objects weighing 50 pounds or more. If someone can do very heavy work, ... he or she can also do heavy, medium, light, and sedentary work.

20 CFR 416.967.

If an individual has limitations or restrictions that affect the ability to meet demands of jobs **other than** strength, or exertional, demands, the individual is considered to have only nonexertional limitations or restrictions. 20 CFR 416.969a(a) and (c). Examples of non-exertional limitations or restrictions include difficulty functioning due to nervousness, anxiousness, or depression; difficulty maintaining attention or concentration; difficulty understanding or remembering detailed instructions; difficulty in seeing or hearing; difficulty tolerating some physical feature(s) of certain work settings (i.e., unable to tolerate dust or fumes); or difficulty performing the manipulative or postural functions of some work such as reaching, handling, stooping, climbing, crawling, or crouching. 20 CFR 416.969a(c)(1)(i) – (vi).

In this case, Claimant alleges both exertional and nonexertional limitations due to her medical condition. She testified that she could walk a few blocks and tried to exercise daily to address her osteoporosis. She could sit for two hours and then needed to get up and walk a bit to relieve her joint and hip pain. She could stand two to two and a-half hours. She could lift 5 to 10 pounds, bend and squat if she was careful, and take stairs. She lived with her fiancé and took care of her personal care and dressing and could do all chores. She could drive. She shopped although she experienced some social anxiety when she was around a lot of people. She socialized only with her fiancé's family but tended to separate herself from gatherings. She further testified that she could not handle any stress and had seen a psychiatrist once in the last four to six months.

The medical record supports all of the physical impairments identified by Claimant on the record. The most significant limitations resulting from these impairments concern Claimant's osteoporosis and shortness of breath. The [REDACTED], bone density scan showed a T-score of -3.6 of the lumbar spine evidencing osteoporosis and T-score of -1.6 of the left femoral neck, -2.3 of the left total hip, -1.4 of the right femoral neck, and -2.4 of the right total hip, evidencing low bone density. The [REDACTED], pulmonary function test, the most recent in the file, showed mild obstructive lung disease without a significant bronchodilator response, decreased lung diffusion, and normal lung volumes, with Claimant's best post-bronchodilator FVC score at 3.25 (79% of predicted) and her best post-bronchodilator FEV1 at 2.54 (75% of predicted). Claimant testified that she was able to walk for a few blocks and she did her household chores. The medical record supports her testimony that she is limited to lifting not more than 10 pounds.

It is noted that Claimant's medical record includes an [REDACTED], letter from a doctor in support of Claimant's application for disability concluding that Claimant was unable to fully participate in employment because of multiple health concerns. A statement by a medical source that an individual is "disabled" or "unable to work" does not mean that the individual is disabled under SSA standards. 20 CFR 416.927(D)(1). The more a medical source presents relevant evidence to support an opinion, particularly medical signs and laboratory findings, the more weight that opinion is given. 20 CFR 416.927(c)(3).

Based on the medical evidence provided, and in consideration of Claimant's testimony, it is found with respect to Claimant's exertional limitations that Claimant maintains the physical capacity to perform sedentary work as defined by 20 CFR 416.967(a).

Claimant also alleged nonexertional limitations due to her mental condition. For mental disorders, functional limitation(s) is assessed based upon the extent to which the impairment(s) interferes with an individual's ability to function independently, appropriately, effectively, and on a sustained basis. *Id.*; 20 CFR 416.920a(c)(2). Chronic mental disorders, structured settings, medication, and other treatment and the effect on the overall degree of functionality are considered. 20 CFR 416.920a(c)(1).

Although the medical file included a psychological examination completed in [REDACTED], in light of the consultative psychological report completed [REDACTED], by [REDACTED], the more recent examination is considered in assessing any limitations resulting from Claimant's mental condition. The consulting psychiatrist in the [REDACTED] exam diagnosed Claimant with major depression, recurrent, moderate; generalized anxiety disorder; and possible OCD and noted that Claimant lacked insight. The doctor concluded that, based on the test results and information provided by Claimant, Claimant did not meet the criteria for ADHD or bipolar, but she experienced high anxiety (both chronic and acute) intertwined with periods of despair and depression and noted that persons with her behavioral pattern are prone to developing obsessive types of traits or behaviors in a bid to control their anxiety. It is noted that the psychiatrist recommended ongoing one-on-one treatment but, as of the hearing date a year after the consultative exam, Claimant had not engaged in treatment.

Based on the medical record presented, as well as Claimant's testimony, Claimant has moderate limitations on her mental ability to perform basic work activities.

Claimant's RFC is considered at both steps four and five. 20 CFR 416.920(a)(4), (f) and (g).

Steps Four and Five

Step 4 considers whether Claimant maintains the RFC to perform past relevant work. 20 CFR 416.920(a)(4)(iv). Step 5 considers whether, based on her RFC and age, education, and work experience, Claimant can adjust to other work. 20 CFR 416.920(4)(v). If the individual can do past work or can adjust to other work, then there is no disability. 20 CFR 416.960(b)(3); 20 CFR 416.920(a)(4)(iv), (a)(4)(v), (f), (g), and (h). Disability is found if an individual cannot do past work and is unable to adjust to other work. *Id.*

Claimant's work history in the 15 years prior to the application consists of work as an administrative assistant, a collection agent, and retail sales clerk. As determined in the RFC analysis above, Claimant is limited to sedentary work activities. Claimant could not perform the exertional aspects of employment as a retail sales clerk, which involves four to six hours of standing daily and is therefore characterized as light work. Claimant can perform the exertional aspects of her prior employment as an administrative

assistant and as a collection agent, both of which are properly characterized as involving sedentary work. Based on the Medical-Vocational guidelines found at 20 CFR Subpart P, Appendix 2, and in light of her age and her education level, Claimant is not precluded from being able to perform other work on the basis of her exertional limitations. 201.27.

Claimant also has moderate limitations in her mental capacity to perform basic work activities, with the consultative psychologist finding that that her history and test scores supported her experiences of high anxiety intertwined with periods of despair and depression. Although Claimant's testimony that she was unable to deal with stress is consistent with the psychologist's report, the evidence presented does not lead to the conclusion that Claimant's nonexertional limitations due to her mental condition would preclude her from being able to perform the basic work activities of prior employment, particularly as an administrative assistant, or other sedentary work.

In light of the entire record and Claimant's RFC, including her mental limitations, it is found that Claimant is able to perform past relevant work and other work. Accordingly, Claimant is not disabled at Steps 4 and 5.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds Claimant **not disabled** for purposes of the SDA benefit program.

DECISION AND ORDER

Accordingly, the Department's determination is **AFFIRMED**.



Alice C. Elkin
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

Date Mailed: **10/23/2015**

ACE/jaf

NOTICE OF APPEAL: A party may appeal this Hearing Decision in the circuit court in the county in which he/she resides, or the circuit court in Ingham County, within 30 days of the receipt date.

A party may request a rehearing or reconsideration of this Hearing Decision from the Michigan Administrative Hearing System (MAHS) within 30 days of the mailing date of this Hearing Decision, or MAHS may order a rehearing or reconsideration on its own motion.

MAHS may grant a party's Request for Rehearing or Reconsideration 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 party requesting a rehearing or reconsideration 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 this Hearing Decision is mailed.

A written request may be faxed or mailed to MAHS. If submitted by fax, 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 48909-8139

cc:

