



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS
DIRECTOR

[REDACTED]
[REDACTED], MI [REDACTED]

Date Mailed: August 16, 2022
MOAHR Docket No.: 22-001214
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Marya Nelson-Davis

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250. After due notice, a telephone hearing was held on April 14, 2022, from Lansing, Michigan. Petitioner personally appeared and testified. Trina Empkie, Assertive Community Treatment Program Supervisor at Huron Behavioral Health, testified as a witness for Petitioner. The Department of Health and Human Services (Department) was represented by Eligibility Specialist, Connie Aymen.

Department's Exhibit A, pages 1-608 (Medical Packet) were admitted as evidence. Petitioner's Exhibit 1, pages 609-827 (Medical evidence) were admitted as evidence. ALJ Exhibit I (Petitioner's income verification) was admitted as evidence.

ISSUE

Did the Department properly determine that Petitioner failed to establish that she meets the disability standard for State Disability Assistance (SDA) benefits?

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 [REDACTED], 2021, Petitioner filed an application for SDA benefits alleging severe physical and mental impairments, including a schizoaffective disorder-bipolar type; post-traumatic stress disorder (PTSD); Lyme disease; memory loss and poor cognitive skills; back, neck, and shoulder pain; poor focus and concentration; migraine headaches; depression and anxiety; fibromyalgia; and spinal stenosis-compressed spinal cord. (Department Exhibit A, p. 61)
2. On January 12, 2022, Michigan Disability Determination Services (DDS) denied Petitioner's application for SDA on the basis that she can engage in basic work activities and does not meet the disability standard.

3. On January 18, 2022, the Department sent Petitioner notice that she was denied SDA.
4. On [REDACTED], 2022, the Department received Petitioner's Request for Hearing, protesting the denial of SDA benefits.
5. Petitioner is a 44-year-old female who is approximately 5'4" and weighs 200 pounds.
6. Petitioner has a high school education.
7. Petitioner has past, relevant work experience doing light exertional, semi-skilled work. (Petitioner's Exhibit 1, p. 643)
8. Petitioner was working part-time, doing light cleaning for a residential organization, 48 to 56 hours biweekly. (ALJ Exhibit I)
9. Petitioner's total gross monthly earned income was the following: April 2022, \$[REDACTED]; May 2022, \$[REDACTED]; and June 2022, \$[REDACTED]. (ALJ Exhibit I)
10. When Petitioner applied for SDA benefits, she reported that her activities of daily living include the ability to drive, take prescribed medication, fix simple quick meals, feed her cats, do light housework-some dishes and laundry, and shop twice a week. (Department Exhibit A, pp. 75-82 & 97-102)
11. According to a medical examination report dated September 13, 2021, Petitioner's physical examination revealed no joint pain or swelling; Petitioner reported that she smokes 1-2 packs of cigarettes daily and drinks alcohol socially; Petitioner denied headaches, facial paralysis, nerve pains, tingling or motor sensory deficits, chest pain, shortness of breath; and Petitioner was counselled on healthy living habits-avoidance of excessive alcohol use, not to smoke tobacco or use any recreational drugs, and to eat a low sugar-low sodium diet rich in fruits and vegetables, and exercise daily for 30 minutes. (Department Exhibit A, pp. 219-221)
12. Petitioner's MRI of her brain, dated June 3, 2021, was unremarkable with no significant abnormal findings. (Petitioner's Exhibit 1, p. 667)
13. Petitioner's MRI of her cervical spine, dated June 4, 2021, revealed: multilevel degenerative changes in all areas; mild to moderate spinal canal stenosis, worse at the C5-C6 level; and severe bilateral foraminal narrowing at C5-C6. (Petitioner's Exhibit 1, pp. 668 & 669)
14. Petitioner's MRI of her lumbar spine, dated November 20, 2021, revealed mild abnormal findings and degenerative changes in the sacroiliac joints without neural encroachment. (Petitioner's Exhibit 1, p. 618)
15. According to Petitioner's neuropsychological evaluation dated December 7, 2021: Petitioner reported that she engages in some social drinking as well as cannabis

use; Petitioner was friendly and polite during the testing process, but she frequently was concerned about her memory issues as well as chronic pain; On the Wechsler Adult Intelligence Scale Third Edition (WAIS-III), Petitioner's Full Scale IQ placed her in the average range of intelligence, her verbal abstract reasoning abilities were in the average range with average nonverbal abstract reasoning skills, her basic problem solving scores were in the average range, and her general processing skills were in the exceptionally low range; Petitioner's Conners Continuous Performance Test (CPT-3) suggested ADHD predominantly inattentive type symptomatology, and her mental flexibility and control were in the impaired range; Petitioner's dominant right and nondominant simple motor speed, fine motor dexterity, and general grip strength were in the average range bilaterally, and her performance on the Rey-Osterrieth Complex Figure and Bender-Gestalt were unremarkable; Petitioner's general psycholinguistic skills on the WAIS-III were in the average range, she did not have any receptive or expressive language deficits, and her general verbal knowledge and factual knowledge were in the average range; Petitioner's general visual perceptual skills on the WAIS-III were in the average range, her general visual discrimination skills were in the high average range, her visual spatial integration was in the average range, and her ability to interpret social themes from pictures was in the average range; Petitioner's overall score on the Wide Range Assessment of Memory and Learning-2 was in the exceptionally low range, her verbal memory performance was in the below average range and in contrast to exceptionally low nonverbal memory performance, her General Recognition Index was in the low average range, her Verbal Recognition Index and Visual Recognition Index were in the low average range, the Dementia Rating Scale score was 136 which does not indicate early onset of Alzheimer's dementia, and it was determined that her memory deficits are likely due to a combination of issues associated with her attentional network, typical Covid-19 long-haul side effects, such as difficulties with memory and concentration, as well as interference relative to behavioral issues; On the Weschler Individual Achievement Test-III, Petitioner's reading comprehension standard score placed her in the average range, and her math problem solving standard score placed her in the below average range; Petitioner's Minnesota Multi-Phasic Personality Inventory - 2 revealed significant psychological symptomatology as a result of an elevated F scale, there was evidence that petitioner has a damaged self-esteem as well as morbid and odd ruminations, her score revealed significant levels of depression, representing profound depression as well as peculiar thinking processes which may be driving her schizophrenic symptomatology, her Beck Depression Inventory 2 score places her in the moderate to severe range of depression, her Jasper Goldberg ADHD screening test placed her in a range suggesting ADHD symptomatology, and her performance on the ASRS Part A & B indicated symptomatology consistent with inattentiveness as well as impulsive/hyperactive behavior; and Petitioner was diagnosed with Major Depressive Disorder with Psychotic Features, ADHD Combined Type, Global Memory Deficits, Posttraumatic Stress Disorder, and Cognitive deficits associated with long-haul Covid-19. (Petitioner's Exhibit 1, pp. 620-630)

16. Petitioner's neurological exam dated December 14, 2021, revealed: intact cranial nerves and motor strength; intact sensory; normal muscle tone; no problems walking without an assistance device; no evidence of joint laxity, crepitation, or effusion; grip strength was intact; dexterity was unimpaired; Petitioner could button clothing and open a door; Petitioner had no difficulty getting on and off the examination table and no difficulty heel and toe walking; Petitioner had mild difficulty squatting, and mild difficulty standing 3 seconds on either foot; mildly diminished range of motion in the cervical spine with no findings of active radicular symptoms; tenderness in lower back with mildly diminished range of motion; no evidence of any radiculopathy; no evidence of Lyme disease; Petitioner was able to perform orthopedic maneuvers, and her gait was stable; Petitioner was cognitively stable; and Petitioner did not appear to be actively declining. (Department Exhibit A, pp. 229-237)
17. Petitioner's x-ray of her hips, dated January 28, 2022, was unremarkable except for minimal degenerative changes, and the x-ray of her sacrum/coccyx was unremarkable. (Petitioner's Exhibit 1, p. 662)
18. Petitioner has undergone a series of three sacroiliac injections due to hip pain; and after the procedure, Petitioner was told to avoid driving or operating any complex machinery for the remainder of the day, and to not make any legal decisions for 24 hours, as judgment may be altered due to the medications. (Petitioner's Exhibit 1, pp. 612-617)
19. According to Petitioner's follow up examination report dated May 26, 2022, other than decreased range of motion due to neck pain, her physical and mental status exams were normal. (Petitioner's Exhibit 1, p. 648)
20. According to Petitioner's medical examination report dated March 24, 2022, other than a stiff neck due to pain and numbness in fingertips, Petitioner's physical and mental status exams were normal, and it was determined that her medical condition was stable. (Petitioner's Exhibit 1, p. 654)

CONCLUSIONS OF LAW

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 person is considered disabled for SDA purposes if the person has a physical or mental impairment which meets federal Supplemental Security Income (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 of Human Services uses the federal Supplemental Security Income (SSI) policy in determining eligibility for disability under the Medical Assistance program, except that the minimum duration of disability shall be 90 days. (BEM 261). 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). 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.

As stated above, the severe impairment which prevents you from engaging in substantial activity must be expected to last or lasted for a continuous period of not less than 90 days for SDA purposes. (BEM 261). 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).

The person claiming a physical, or mental, disability has the burden to establish it through the use of competent medical evidence from qualified medical sources such as clinical/laboratory findings, diagnosis/prescribed treatment, prognosis for a recovery and/or medical assessment of ability to do work-related activities, or ability to reason and to make appropriate mental adjustments, if a mental disability is being alleged. 20 CFR 416.913.

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 medical evidence...must be complete and detailed enough to allow us to make a determination about whether you are disabled or blind. 20 CFR 416.913(d).

Medical findings consist of symptoms, signs, and laboratory findings:

- (a) **Symptoms** are your own description of your physical or mental impairment. Your statements alone are not enough to establish that there is a physical or mental impairment.
- (b) **Signs** are anatomical, physiological, or psychological abnormalities which can be observed, apart from your statements (symptoms). Signs must be shown by

medically acceptable clinical diagnostic techniques. Psychiatric signs are medically demonstrable phenomena which indicate specific psychological abnormalities e.g., abnormalities of behavior, mood, thought, memory, orientation, development, or perception. They must also be shown by observable facts that can be medically described and evaluated.

- (c) **Laboratory findings** are anatomical, physiological, or psychological phenomena which can be shown by the use of a medically acceptable laboratory diagnostic techniques. Some of these diagnostic techniques include chemical tests, electrophysiological studies (electrocardiogram, electroencephalogram, etc.), roentgenological studies (X-rays), and psychological tests. 20 CFR 416.928.

It must allow us to determine --

- (1) The nature and limiting effects of your impairment(s) for any period in question;
- (2) The probable duration of your impairment; and
- (3) Your residual functional capacity to do work-related physical and mental activities. 20 CFR 416.913(d).

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).

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).

In determining how a severe mental impairment affects a client's ability to work, four areas considered to be essential to work are looked at:

...Activities of daily living including adaptive activities such as cleaning, shopping, cooking, taking public transportation,

paying bills, maintaining a residence, caring appropriately for one's grooming and hygiene, using telephones and directories, using a post office, etc. 20 CFR, Part 404, Subpart P, App. 1., 12.00(C)(1).

...Social functioning refers to an individual's capacity to interact independently, appropriately, effectively, and on a sustained basis with other individuals. 20 CFR, Part 404, Subpart P, App. 1, 12.00(C)(2).

Social functioning includes the ability to get along with others, such as family members, friends, neighbors, grocery clerks, landlords, or bus drivers. You may demonstrate impaired social functioning by, for example, a history of altercations, evictions, firings, fear of strangers, avoidance of interpersonal relationships, or social isolation. You may exhibit strength in social functioning by such things as your ability to initiate social contacts with others, communicate clearly with others, or interact and actively participate in group activities. We also need to consider cooperative behaviors, consideration for others, awareness of others' feelings, and social maturity. Social functioning in work situations may involve interactions with the public, responding appropriately to persons in authority (e.g., supervisors), or cooperative behaviors involving coworkers. 20 CFR, Part 404, Subpart P, App. 1, 12.00(C)(2).

We do not define "marked" by a specific number of different behaviors in which social functioning is impaired, but by the nature and overall degree of interference with function. For example, if you are highly antagonistic, uncooperative or hostile but are tolerated by local storekeepers, we may nevertheless find that you have a marked limitation in social functioning because that behavior is not acceptable in other social contexts. 20 CFR, Part 404, Subpart P, App. 1, 12.00(C)(2).

...Concentration, persistence or pace refers to the ability to sustain focused attention and concentration sufficiently long to permit the timely and appropriate completion of tasks commonly found in work settings. 20 CFR, Part 404, Subpart P, App. 1, 12.00(C)(3).

Limitations in concentration, persistence, or pace are best observed in work settings, but may also be reflected by limitations in other settings. In addition, major limitations in

this area can often be assessed through clinical examination or psychological testing. Wherever possible, however, a mental status examination or psychological test data should be supplemented by other available evidence. 20 CFR, Part 404, Subpart P, App. 1, 12.00(C)(3).

Episodes of decompensation are exacerbations or temporary increases in symptoms or signs accompanied by a loss of adaptive functioning, as manifested by difficulties in performing activities of daily living, maintaining social relationships, or maintaining concentration, persistence, or pace. 20 CFR 404, Subpart P, App. 1, 12.00(C)(4).

Episodes of decompensation may be demonstrated by an exacerbation in symptoms or signs that would ordinarily require increased treatment or a less stressful situation (or a combination of the two). Episodes of decompensation may be inferred from medical records showing significant alteration in medication; or documentation of the need for a more structured psychological support system (e.g., hospitalizations, placement in a halfway house, or a highly structured and directing household); or other relevant information in the record about the existence, severity, and duration of the episode. 20 CFR 404, Subpart P, App. 1, 12.00(C)(4).

The evaluation of disability on the basis of a mental disorder requires sufficient evidence to: (1) establish the presence of a medically determinable mental impairment(s); (2) assess the degree of functional limitation the impairment(s) imposes; and (3) project the probable duration of the impairment(s). Medical evidence must be sufficiently complete and detailed as to symptoms, signs, and laboratory findings to permit an independent determination. In addition, we will consider information from other sources when we determine how the established impairment(s) affects your ability to function. We will consider all relevant evidence in your case record. 20 CFR 404, Subpart P, App. 1, 12.00(D).

When we rate the degree of limitation in the first three functional areas (activities of daily living; social functioning; and concentration, persistence, or pace), we will use the following five-point scale: none, slight, moderate, marked, and extreme. When we rate the degree of limitation in the fourth functional area (episodes of decompensation), we will use the following four-point scale: none, one or two, three,

four or more. The last is incompatible with the ability to do any gainful activity. 20 CFR 416.920a(c).

After we rate the degree of functional limitation resulting from the impairment(s), we will determine the severity of your mental impairment(s). 20 CFR 416.920a(d).

If we rate the degree of your limitation in the first three functional areas as “none” or “mild” and “none” in the fourth area, we will generally conclude that your impairment(s) is not severe, unless the evidence otherwise indicates that there is more than a minimal limitation in your ability to do any basic work activities. 20 CFR 416.920a(d)(1).

If your mental impairment(s) is severe, we will then determine if it meets or is equivalent in severity to a listed mental disorder. We do this by comparing the diagnostic medical findings about your impairment(s) and the rating of the degree of functional limitation to the criteria of the appropriate listed mental disorder. 20 CFR 416.920a(d)(2).

If we find that you have a severe mental impairment(s) that neither meets nor is equivalent in severity to any listing, we will then assess your residual functional capacity. 20 CFR 416.920a(d)(3).

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).

Petitioner is not disqualified at Step 1. The monthly SGA for non-blind individuals is \$ [REDACTED] effective in 2022. Petitioner has been working part-time, and her earnings have been less than \$ [REDACTED]. 20 CFR 404.1574 and www.ssa.gov/oact/cola/sga.html. Therefore, the analysis continues.

At Step 2, Petitioner has a combination of mental and physical impairments that meet the severity and 90-day duration standard for SDA purposes. Petitioner was diagnosed with: mild to moderate spinal canal stenosis of the cervical spine, worse at the C5-C6 level, severe bilateral foraminal narrowing at C5-C6 of the cervical spine; a major depressive disorder with psychotic features; ADHD combined type, global memory deficits; PTSD; and cognitive deficits associated with long-haul Covid-19. Therefore, the analysis will continue.

At Step 3, Petitioner failed to provide any objective medical evidence to establish that she has a severe physical impairment that meets or equals a listed impairment or that her mental impairment meets listings 12.04 and 12.15 found at 20 CFR, Part 404, Subpart P, Appendix 1. Petitioner has been working part-time, cleaning for a residential facility, and she is able to perform activities of daily living independently. Petitioner did not provide the necessary objective medical evidence to establish that her mental impairment causes extreme limitations in her ability to understand, remember, or apply information; interact with others; concentrate, persist, or maintain pace; and adapt or manage oneself. Also, Petitioner failed to establish that her mental impairment has resulted in a failure to adapt to changes in her environment or to demands that are not already part of her daily life. Therefore, the analysis will continue.

At Step 4, Petitioner failed to provide objective medical evidence that she is unable to do any of her past relevant work. However, the analysis will continue to determine claimant's residual functional capacity or what she is able to do despite limitations. 20 CFR 416.945 and 20 CFR 416.961.

When a client's impairment and related symptoms, such as pain, affect the ability to meet both the strength and demands of a job, other than strength demands, the rules in Appendix 2, at 20 CFR 404, Subpart P, will not directly apply. However, those rules are

used as a guideline and framework in determining whether a client meets the disability standard. 20 CFR 416.969a(c).

This Administrative Law Judge finds that Petitioner should be able to do at least sedentary work based on the objective medical evidence on the record.

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).

Petitioner's MRI of her brain, dated June 3, 2021, was unremarkable with no significant abnormal findings. According to a medical examination report dated September 13, 2021, Petitioner's physical examination revealed no joint pain or swelling; Petitioner reported that she smokes 1-2 packs of cigarettes daily and drinks alcohol socially; Petitioner denied headaches, facial paralysis, nerve pains, tingling or motor sensory deficits, chest pain, shortness of breath. Petitioner was counselled on healthy living habits like avoidance of excessive alcohol use, not to smoke tobacco or use any recreational drugs, eat a low sugar-low sodium diet rich in fruits and vegetables, and exercise daily for 30 minutes. The MRI of her lumbar spine, dated November 20, 2021, revealed mild abnormal findings and degenerative changes in the sacroiliac joints without neural encroachment. Petitioner's MRI of her cervical spine, dated June 4, 2021, did reveal multilevel degenerative changes in all areas, mild to moderate spinal canal stenosis, worse at the C5-C6 level, and severe bilateral foraminal narrowing at C5-C6. However, Petitioner's neurological exam dated December 14, 2021, revealed the following: intact cranial nerves and motor strength; intact sensory; normal muscle tone; no problems walking without an assistance device; no evidence of joint laxity, crepitation, or effusion; grip strength was intact; dexterity was unimpaired; Petitioner could button clothing and open a door; Petitioner had no difficulty getting on and off the examination table and no difficulty heel and toe walking; Petitioner had mild difficulty squatting, and mild difficulty standing three seconds on either foot; mildly diminished range of motion in the cervical spine with no findings of active radicular symptoms; tenderness in lower back with mildly diminished range of motion; there was no evidence of any radiculopathy or Lyme disease; Petitioner was able to perform orthopedic maneuvers, and her gait was stable; Petitioner was cognitively stable; and Petitioner did not appear to be actively declining. Petitioner has undergone a series of three sacroiliac injections due to hip pain; and after the procedure, Petitioner was told to avoid driving or operating any complex machinery for the remainder of the day, and to not make any legal decisions for 24 hours as judgment may be altered due to the medications. However, Petitioner's x-ray of her hips, dated January 28, 2022, was unremarkable except for minimal degenerative changes, and the x-ray of her sacrum/coccyx was unremarkable. According to Petitioner's medical examination

report, dated March 24, 2022, other than a stiff neck due to pain and numbness in fingertips, Petitioner's physical and mental status exams were normal, and it was determined that her medical condition was stable. According to Petitioner's follow up examination report, dated May 26, 2022, other than decreased range of motion due to neck pain, her physical and mental status exams were normal.

Petitioner has been mentally and physically able to perform simple routine tasks on a sustained basis with occasional contact with others. Petitioner has been working part-time, doing light cleaning for a residential organization, 48 to 56 hours biweekly. Additionally, Petitioner reported that she can drive, take prescribed medication, fix simple quick meals, feed her cats, do light housework, and shop twice a week.

Medical vocational guidelines have been developed and can be found in 20 CFR, Subpart P, Appendix 2, section 200.00. When the facts coincide with the particular guideline, the guideline directs a conclusion as to disability. 20 CFR 416.969.

Petitioner would be considered a younger individual with a high school education and semi-skilled work experience. Using Medical Vocational Rule 201.27 as a guideline, Petitioner would be considered not disabled. According to this Medical Vocational rule, an individual age 18 to 44 with a high school education and just unskilled work experience, limited to sedentary work, is not disabled. Furthermore, an individual age 45-49 with just a limited educational background and able to communicate in English, unskilled or no work experience, is not disabled if limited to sedentary work, using Medical Vocational Rule 201.18 as a guideline.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department properly denied Petitioner's application for SDA benefits.

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



Marya Nelson-Davis
Administrative Law Judge

MN-D/dh

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

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

Michigan Office of Administrative Hearings and Rules
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-8139

Via Electronic Mail :

DHHS
Julie M Booms
Huron County DHS
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MDHHS-Huron-Hearing@michigan.gov

Interested Parties

BSC2
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EQAD
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Via First Class Mail :

Petitioner

[REDACTED]
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