



**Date Mailed:** December 9, 2025

**Docket No.:** 25-019011

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

[REDACTED]

This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

这是一份重要的法律文件。请让别人翻译文件。

Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

**Date Mailed:** December 10, 2025

**Docket No.:** 25-019011

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

### **HEARING DECISION**

Following Petitioner'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 November 20, 2025. Petitioner [REDACTED] [REDACTED] was self-represented. The Department was represented by Lori Turner, Eligibility Specialist.

At the hearing, Petitioner requested to submit an additional one-page document from the Spinal Recovery Center (SRC). The document was received on November 20, 2025 and admitted into the record as Exhibit A. The Department's proposed exhibit packet was admitted as Exhibit B with three parts. The hearing concluded and the record was closed on November 20, 2025.

On November 24, 2025, Petitioner submitted additional medical records from Life Medical Center which were not discussed or admitted on the record. Therefore, these documents are not considered as part of this decision.

### **ISSUE**

Whether the Department properly determined that Petitioner was not disabled for purposes of the State Disability Assistance (SDA) benefit programs?

### **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 [REDACTED] 2025, Petitioner applied for SDA benefits based on a disability.
2. On May [REDACTED] 2025, the Department received a decision from the Disability Determination Service (DDS) indicating that Petitioner was not disabled capable of performing other work. (Exhibit B, pp. 13-14)
3. The medical records relied upon by DDS reveal the following:
  - a. SRC determined that Petitioner was placed on light duty restrictions from November 14, 2023 through January 31, 2024 and February 26, 2024 through March 26, 2024 lifting no more than 20 pounds, no lifting over his

---

head, no under-lower work, or bending, and must have 15-minute breaks every hour. (Exhibit B, pp. 72, 580, 601)

---

- b. SRC determined that Petitioner was unable to work from September 11, 2023 through November 14, 2023; April 9, 2024 through May 17, 2024; June 12, 2024 through November 21, 2024; and January 7, 2025 through June 9, 2025 based on an injury which occurred November 28, 2022 at work and was reinjured or exacerbated on March 4, 2024. (Exhibit B, pp. 6, 25, 46, 69, 127, 384, 392, 395, 575-576)
- c. In January 2023, Petitioner completed an examination which showed spinal joint fixation at L1-L5 and the left ilium-sacrum with tenderness upon palpation on the left and severe pain L1-L5 and on the right ilium sacrum. (Exhibit B, pp. 509-513)
- d. In September 2023, Spine and Brain Surgery Specialists saw Petitioner and indicated that although Petitioner had a significant degree of back pain, surgery was not recommended at that time. (Exhibit B, p, 565)
- e. From December 31, 2023, through March 2, 2024, Petitioner was approved to return to work with restrictions on lifting no more than 20 pounds, no overhead or under lower work, and five-minute breaks every hour. (Exhibit B, p. 71)
- f. In January of 2024, Petitioner visited his pain management doctor and noted his pain was 3 out of 10 and was worsened by sitting for too long, bending in certain ways, and too much movement, but it improved with medication and rest. (Exhibit B, p. 454)
- g. In April and May of 2024, Petitioner visited his pain management doctor and noted his pain was a 6 out of 10 and was worsened by sitting for too long, bending in certain ways, and too much movement but it improved with rest and decompression therapy. However, all dermatomes and muscles tested were normal. (Exhibit B, p. 454)
- h. In April 2024, Petitioner's completed imaging with SRC which found pelvic unleveling on the right, decrease in lumbar lordosis, mild thinning disc on L4-L5, and a small osteophyte on L3. (Exhibit B, p. 70)
- i. In April 2024, Petitioner completed another examination with MedCare which revealed joint fixation at L1-L5 and the left ilium-sacrum with elevated pain in the L1-L5 and ilium-sacrum bilaterally, and moderate hypertonicity of the lumbar paraspinal muscles and gluteal muscles bilaterally on palpation. An MRI showed disc extrusion at L5-S1 and interspinous ligament injury/edema at L2-S1. Additional X-rays views

25-019011

---

were ordered, and he was advised to remain off work. (Exhibit B, pp. 514-518)

---

- j. On May 20, 2024, SRC wrote to the AFLAC Claims team indicating that Petitioner had been treated by SRC since his injury at work, been diagnosed with lumbar radiculopathy and sacroiliac joint injury, and that he had “good control” of his pain until reinjuring his back at work on March 4, 2024. After reinjury, his pain had increased significantly and he could not bend, twist, or lift more than 20 pounds. He was being treated with cryotherapy and chiropractic adjustments, Zylotrol patches, Diclofenac, Tizanidine. (Exhibit B, p. 453)
- k. In July 2024, Petitioner had a sacroiliac joint injection and a cuneal nerve block. (Exhibit B, p. 478)
- l. On September 30, 2024, Petitioner was admitted to Corewell Health after a visit to the emergency department experiencing facial, finger, and toe numbness with a headache. His stroke evaluation determined there were no stroke concerns. His CT of his head and neck with contrast revealed no significant signs of stenosis of the carotid arteries, no large vessel occlusion, and normal perfusion. His CT without contrast showed no areas of hemorrhage, normal ventricular system, extra-axial fluid collections, no fractures, and no neurological deficits. An MRI of Petitioner’s cervical and lumbar spine showed multilevel degenerative joint disease with moderate neural narrowing at C5-C6. He also showed multilevel spondylosis in his lumbar spine with a central disc protrusion abutting the descending right S1 nerve root and arthropathy causing right neural foraminal narrowing with contact at the right L5 nerve root. Petitioner’s strength was noted as five out of five on both the upper and lower extremities bilaterally and his cranial nerve examination revealed no abnormalities. (Exhibit B, pp. 323-339, 364, 369)
- m. In October 2024, Petitioner was re-evaluated for physical therapy and had tenderness upon palpation of his lower lumbar region and had a range of motion of 75% hands to floor on a forward bend, and less than 25% backward bending, left and right side bending from full range of motion. His lumbar flexors and extensors were rated 3+ out of five. His FABER and Straight Leg Raise tests were negative. He had been diagnosed with low back pain and radiculopathy in the lumbar region which the physical therapist determined was consistent with Petitioner’s complaints including decreased range of motion, decreased tolerance to prolonged positions, decreased endurance, decreased strength, decreased ability to perform activities of daily living, unable to perform job tasks, increased pain, reduced core stabilization, restricted lumbar range of motion, and difficulties with sleep. (Exhibit B, pp. 471-472)

25-019011

- 
- n. In November 2024, Petitioner underwent massage therapy for his neck and shoulders. (Exhibit B, pp. 60-61, 609-610, 617)
- o. In November 2024, Petitioner underwent a Neuropsychological Evaluation by Dr. Ford which noted an appropriate appearance, normal affect, behavior, thought content, and orientation. He was also noted to be labile, with a positive self-concept, depressed and irritable, agitated in his interview, demanding and dramatic, and having flights of ideas. Petitioner scored in the normal range of the Mini-Mental State Examination, in the 50<sup>th</sup> percentile for the Beery Visual Motor Integration test, a level three (minimal assistance) on the Banner Mobility Assessment Tool with a notation that he has to sit often and would benefit from a cane. Petitioner identified his pain level from his back as 8 out of 10 and for his shoulder 7 out of 10 with pain medication. Petitioner was found to have “clinically significant problems” with anxiety, PTSD, paranoid ideation, and grandiose ideation. Petitioner was also found to have moderate problems with depression, social anxiety, severe aggression, psychosis, and manic activation. After a review of all findings, he was found to have a mild disability. He was referred for psychotherapy, trauma-focused cognitive behavioral therapy, physical therapy, neurology consultation, case management services, pain management consultations, and a psychiatric evaluation. (Exhibit B, pp. 37-44)
- p. In November 2024, Petitioner had chiropractic therapy at SRC for the lumbar and sacral areas of his back and spine which revealed spinal fixation at L1-L5, mild degree of joint fixation at the right and left ilium, and sacrum with a medium level of pain. Mild hypertonicity was found in the gluteal muscles bilaterally and moderate tightness of the lumbar paraspinal muscles bilaterally. (Exhibit B, pp. 66-68, 611-616)
- q. On December 14, 2024, progress notes from Triton Behavioral Health (TBC) noted that Petitioner was progressing in his therapy practicing one to two coping skills every month to reduce symptoms of depression with sessions every two weeks. (Exhibit B, p. 173)
- r. From January through March 2025, progress notes from TBC show that Petitioner maintained, or was improving/progressing in developing coping skills to reduce his depression symptoms. (Exhibit B, pp. 174-193)
- s. On March 11, 2025, Petitioner completed a mental status examination. During the examination he was alert and oriented to person, place, and time, responded appropriately to questions, engaged in dialogue, demonstrated contact with reality, was cooperative, and relaxed. His speech was clear and appropriate in tone and cadence with logical thoughts that were goal directed and organized. His short and long-term recall, abstract thinking, and judgement were considered adequate with a

25-019011

---

good fund of general information and an ability to sustain his focus and concentration. He was diagnosed with adjustment disorder with a depressed mood that was responding to psychotherapy in addition to cannabis abuse disorder. His prognosis was considered guarded. (Exhibit B, pp. 315-317)

- t. On March 26, 2025, Petitioner completed an Internal Medicine Consultative Evaluation (IMCE) as part of his DDS evaluation for severe lower back pain with sciatica in both legs, numbness and tingling in upper arms and lower extremities, and depression and PTSD symptoms. Petitioner walked with a cane and was right side dominant. Upon examination, he was noted to have decreased flexion in his spine, and decreased flexion, abduction, adduction, external rotation, and internal rotation of the right and left hip. His gait and station were noted as being normal with no unsteadiness or ataxia. He was noted to be able to squat and rise from a squatting position, pick up a coin and pencil, make a fist, open a door, dial a phone, dress and undress, tie his shoes, button clothes, pull, push, bend, stand, and sit. He was not able to write, carry, or stoop due to back pain. His mental status was alert and oriented. Finally, he was noted to have restlessness and diminished deep tendon reflexes in the lower extremities. (Exhibit B, pp. 295-299)
- u. On the same day, Petitioner completed imaging of an unspecified nature of his lumbar spine which showed normal bone mineralization, alignment, lordotic curvature, vertebral bodies, disc spaces, and adjacent soft tissue. There was no evidence of fracture or subluxation. (Exhibit B, p. 300)
- v. On March 26, 2025, Petitioner underwent a physical examination to determine his muscle strength and in all areas, Petitioner scored a 4 or 5 showing a muscle contraction against full resistance or reduced strength, but contraction enabling him to still move his joints against resistance. The examination also noted that his gait was normal and he walked without an assistive device. Petitioner exhibited full range of motion in all areas except forward flexion in his lumbar spine which was 70 degrees out of 90, hip abduction which was 15 degrees of 25, internal rotation of his hip which was 10 degrees out of 20, and external rotation of his hip which was 20 out of 30 degrees. His effort on examination was noted to be fair. (Exhibit B, pp. 290-294)
- w. The Department received a Psychiatric/Psychological Examination Report dated April 11, 2025 from Dr. Demetrius Ford at Triton Behavioral Health LLC for Petitioner indicating he had a normal appearance, affect, behavior, orientation, and thought content. It also noted that he had a positive self-concept, a depressed and irritable mood, was agitated, demanding, and dramatic in his interview, and had flights of ideas. The report noted that Petitioner's emotional troubles were triggered by his

25-019011

injuries at work in November 2022 and noted he had been diagnosed with Post Traumatic Stress Disorder (PSTD) with paranoid features, depression, and anxiety. His Mini-Mental State Examination score was in the normal range. The report also noted that he struggles with depression, but his PTSD and anxiety were helped by psychotherapy and psychiatric treatment. (Exhibit B, pp. 7-9)

4. Petitioner has a work history in the past five years which includes a production worker at [REDACTED] from November of 2021 through March of 2024 although after November 2022, Petitioner only worked for one month in January 2024 and a partial day in March 2024. At all other times, after November 2022, Petitioner was either on work restrictions, and no work was available to him within his restrictions, or he had been considered to be terminated from his employment. Petitioner was responsible for putting the weather stripping on the left side of a truck which required him to bend and move in a circular motion for about 650 trucks per day. Petitioner was only able to sit for about 30 minutes per day, the remainder of his day was spent standing, stooping, kneeling, crouching, crawling, using his fingers, reach below and reaching above. Petitioner was required to lift 100 pounds or more if a machine broke but on average lifted 10 to 25 pounds for most of his day. He was exposed to the outdoors, humidity, hazardous substances, moving mechanical parts, loud noises, and extreme cold. (Exhibit A, pp. 21-22, 28)
5. On May [REDACTED] 2025, the Department received Petitioner's request for hearing disputing the denial of Medical Assistance (MA) Program and SDA benefits.
6. On May [REDACTED] 2025, the Department issued a Health Care Coverage Determination Notice (HCCDN) to Petitioner informing him that he was eligible for full coverage MA benefits under the Healthy Michigan Plan (HMP) effective May 1, 2025. (Exhibit B, pp. 15-17)
7. SRC determined that Petitioner was unable to work from October 13, 2025 through November 24, 2025 based on an injury which occurred November 28, 2022 at work. SRC also noted that Petitioner has had to wear a Lumbar Sacral Orthosis (LSO) Brace with rigid support since March 4, 2024. (Exhibit A)
8. At the time of application and the hearing, Petitioner was age [REDACTED] foot [REDACTED] inches tall, and weighed approximately [REDACTED] pounds. Petitioner is right handed.
9. Petitioner has completed a Bachelor's of Science Degree from Central Michigan University in Sociology with a concentration in criminal justice. He is fluent in English and can do basic math.
10. Petitioner has a valid driver's license.
11. According to Petitioner, his back condition limits his ability:

25-019011

- 
- 
- a. to bend and squat;
  - b. causes sharp flashes of pain if he moves a certain way;
  - c. causes him to walk slowly and guardedly with a cane and back brace only for two or three minutes at a time before needing to rest;
  - d. causes difficulties with grasping a pencil;
  - e. to sit for more than 20 minutes before needed to get up and stretch;
  - f. to lift no more than ten pounds;
  - g. to stand for no more than three minutes and sometimes causing immediate sharp pains in his back prompting him to sit back down; and,
  - h. to take stairs normally and instead must go slowly and cautiously one step at a time.
12. Petitioner is able to manage all of his own grooming, cooking of simple items and microwave meals, small loads of laundry, and the dishes. Petitioner's brother does all of the grocery shopping and yard work.
  13. Petitioner visits his mother regularly who lives across the street and helps with her chores as necessary and within his limitations.
  14. Petitioner has some difficulty remembering things and believes that his memory troubles are anxiety related. He is also able to complete tasks and intentionally chooses to do only things that he knows he can complete.
  15. To keep himself occupied, Petitioner watches television and reads. (Exhibit B, p. 102)
  16. As of the date of the hearing, Petitioner has an active appeal of his Social Security Administration (SSA) disability application denial.
  17. At the hearing, Petitioner testified that he no longer had concerns related to his MA benefits and wanted to withdraw that portion of his hearing request. Ms. Turner had no objection.

### **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 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 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.

Petitioner applied for cash assistance alleging a disability. A disabled person is eligible for SDA. BEM 261 (April 2017), 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 ninety 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).

Determining whether an individual is disabled for SSI purposes requires the application of a five step evaluation of whether the individual (1) is engaged in substantial gainful activity (SGA); (2) has an impairment that is severe; (3) has an impairment and duration that meet or equal a listed impairment in Appendix 1 Subpart P of 20 CFR 404; (4) has the residual functional capacity to perform past relevant work; and (5) 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 in this process, 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, Petitioner has not engaged in any work since March of 2024. Therefore, Petitioner cannot be assessed as not disabled at Step 1 and the evaluation continues to Step 2.

### **Step Two**

Under Step 2, the severity and duration of an individual's alleged impairment is considered. If the individual does not have a severe medically determinable physical or mental impairment (or a combination of impairments) that 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. 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, such as (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 416.922(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 Servs*, 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.

The medical evidence presented at the hearing was reviewed and, in consideration of the *de minimis* standard necessary to establish a severe impairment under Step 2, is found to be sufficient to establish that Petitioner suffers from severe impairments that have lasted or are expected to last for a continuous period of not less than 90 days.

25-019011

Therefore, Petitioner 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.

Based on the medical evidence presented in this case, listings 1.0 musculoskeletal disorders; 1.15 disorders of the skeletal spine resulting in compromise of a nerve root; 12.00 mental disorders; 12.04 depressive, bipolar, and related disorders; 12.06 anxiety and obsessive-compulsive disorders; and 12.15 trauma- and stressor-related disorders were considered. Petitioner's medical records do not show or are inconsistent in their determinations of muscle weakness, deep tendon reflexes, and imaging consistent with a compromised nerve root in the cervical or lumbosacral spine. Petitioner's medical records do not show or are inconsistent in their findings of diminished interest in almost all activities, appetite disturbance with a change in weight, observable psychomotor agitation or retardation, decreased energy, feelings of guilt or worthlessness, thoughts of death or suicide, and an extreme limitation of one of the following or marked limitation of two of the following: understanding, remembering, and applying information; interaction with others; concentrating, persisting, or maintaining pace; and adapting or managing oneself. Petitioner's medical records do not show a serious and persistent medical history showing a period of at least two years of depression with marginal adjustment. Petitioner's medical records do not show exposure to actual or threatened death serious injury, or violence; avoidance of external reminders of the event; or, increases in arousal or reactivity. The medical evidence presented does **not** show that Petitioner'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. Therefore, Petitioner 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 Steps 4 and 5, 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)

25-019011

---

---

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 an individual's impairments 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).

The exertional requirements, or physical demands, of work in the national economy are classified as sedentary, light, medium, heavy, and very heavy. 20 CFR 416.967; 20 CFR 416.969a(a). 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 and occasionally walking and standing. 20 CFR 416.967(a). 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 the light 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 involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. 20 CFR 416.967(c). Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. 20 CFR 416.967(d). 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. 20 CFR 416.967(e).

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). 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). Where the evidence establishes a medically determinable mental impairment, the degree of functional limitation must be rated, taking into consideration chronic mental disorders, structured settings, medication, and other treatment. The effect on the overall degree of functionality is evaluated under four broad functional areas, assessing the ability to (i) understand, remember, or apply information; (ii) interact with others; (iii) concentrate, persist, or maintain pace; and (iv) adapt or manage oneself. 20 CFR 416.920a(c)(3). A five-point scale is used to rate the degree of limitation in each area: none, mild, moderate, marked, and extreme. 20 CFR 416.920a(c)(4). The last point on each scale represents a degree of limitation that is incompatible with the ability to do any gainful activity. 20 CFR 416.920a(c)(4).

In this case, Petitioner alleges both exertional and nonexertional limitations due to medical conditions. Petitioner testified that he could walk for a few minutes and then need to sit, stand for a few minutes unless sharp pains were triggered upon standing which would then prompt him to sit again, sit for 15 minutes, push/pull/lift about 10 pounds, and use the stairs cautiously. He also testified that he spends time regularly with his mother and daughter and lives with his brother. Petitioner can do small loads of laundry and the dishes. He can cook small easy meals and manage all of his grooming. In his IMCE, Petitioner was able to complete all tasks except write, carry, and stoop due to pain. His gait and station were normal but his range of motion in his spine was limited by 20 degrees, and hips abduction and adduction were limited by 10 degrees. His imaging at the IMCE in March 2025 did not show any spinal abnormalities. Imaging from September 2024 showed multilevel degenerative joint disease with moderate neural narrowing at C5-C6. He also showed multilevel spondylosis in his lumbar spine with a central disc protrusion abutting the descending right S1 nerve root and arthropathy causing right neural foraminal narrowing with contact at the right L5 nerve root. It is also notable that despite the IMCE, Petitioner's spinal doctor who had previously approved him for a return to work took him back off work in April 2024 and has kept him off work even as of the hearing date in November 2025.

In Petitioner's mental status exam, the examiner determined that Petitioner was properly oriented and engaged in dialogue. The examiner also noted that Petitioner's short and long-term recall, abstract thinking, and judgement were adequate with a good fund of general knowledge and ability to sustain focus and concentration. Petitioner's mental health records showed continued maintenance and improvement in the months leading up to the mental status examination.

It is notable that the hearing in this case lasted for 1 hour and 21 minutes. During that time, Petitioner noted that he had to move around during the hearing because of pain and discomfort but there was no indication of an inability to persist, maintain pace, or focus on the hearing due to a mental concern. There was no indication of difficulties with authority.

---

A two-step process is applied in evaluating an individual's symptoms: (1) whether the individual has a medically determinable impairment that could reasonably be expected to produce the individual's alleged symptoms and (2) whether the individual's statement about the intensity, persistence and limiting effects of symptoms are consistent with the objective medical evidence and other evidence on the record from the individual, medical sources and nonmedical sources. SSR 16-3p.

With respect to Petitioner's exertional limitations, it is found based on a review of the entire record that Petitioner maintains the physical capacity to perform at sedentary work as defined by 20 CFR 416.967(a). Based on the medical record presented, as well as Petitioner's testimony, Petitioner has limitations on his mental ability to perform basic work activities as follows: mild limitations in ability to interact with others and mild limitations in ability to adapt or manage oneself.

Petitioner's RFC is considered at both Steps 4 and 5. 20 CFR 416.920(a)(4), (f) and (g).

#### **Step Four**

Step 4 in analyzing a disability claim requires an assessment of Petitioner's RFC and past relevant employment. 20 CFR 416.920(a)(4)(iv). Past relevant work is work that has been performed by Petitioner (as actually performed by Petitioner or as generally performed in the national economy) within the past 5 years that was SGA and that lasted long enough for the individual to learn the position. 20 CFR 416.960(b)(1)(i). Work that was started and stopped in fewer than 30 calendar days is not PRW. *Id.* and 20 CFR 416.960(b)(1)(ii). An individual who has the RFC to meet the physical and mental demands of work done in the past is not disabled. *Id.*; 20 CFR 416.960(b)(3); 20 CFR 416.920. Vocational factors of age, education, and work experience, and whether the past relevant employment exists in significant numbers in the national economy are **not** considered. 20 CFR 416.960(b)(3).

Petitioner's work history in the 5 years prior to the application consists of working on the assembly line at [REDACTED] installing doors on the [REDACTED]. Petitioner's work required frequent and repetitive movement and sometimes carrying heavy loads of 100 pounds. Because Petitioner's work required, at a minimum, medium to heavy work, and Petitioner has an exertional RFC which is sedentary in addition to experiencing mild nonexertional limitations, based on the medical evidence provided, Petitioner is not capable of performing past work.

#### **Step 5**

If an individual is incapable of performing past relevant work, Step 5 requires an assessment of the individual's RFC and age, education, and work experience to determine whether an adjustment to other work can be made. 20 CFR 416.920(a)(4)(v); 20 CFR 416.920(c). If the individual can adjust to other work, then there is no disability; if the individual cannot adjust to other work, then there is a disability. 20 CFR 416.920(a)(4)(v).

---

At this point in the analysis, the burden shifts from Petitioner to MDHHS to present proof that Petitioner has the RFC to obtain and maintain substantial gainful employment. 20 CFR 416.960(c)(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).

When a person has a combination of exertional and nonexertional limitations or restrictions, the rules pertaining to the strength limitations provide a framework to guide the disability determination unless there is a rule that directs a conclusion that the individual is disabled based upon strength limitations. 20 CFR 416.969a(d).

In this case, Petitioner was ■ years old at the time of the application and at the time of hearing, and, thus, considered to be closely approaching advanced age (age 50-54) for purposes of Appendix 2. He is a college graduate with no direct entry to the workforce and a work history on an assembly line, an unskilled position. As discussed above, Petitioner maintains the exertional RFC for work activities on a regular and continuing basis to meet the physical demands to perform sedentary work activities. Based solely on his exertional RFC, the Medical-Vocational Guidelines result in a finding that Petitioner is disabled. Therefore, Petitioner is DISABLED at Step 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 Petitioner disabled for purposes of the SDA benefit program.

### **DECISION AND ORDER**

The portion of Petitioner's request for hearing attributable to MA benefits is **DISMISSED**.

The Department's SDA 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 THE ORDER WAS ISSUED:

1. Reregister and process Petitioner's SDA application to determine if all other non-medical criteria are satisfied;
1. If otherwise eligible, issue supplements to Petitioner for benefits not previously received;
2. Notify Petitioner in writing of its decision; and,
3. Review Petitioner's continued eligibility for SDA benefits effective May 2026.

25-019011

*Amanda M T Marler*

---

**AMANDA MARLER  
ADMINISTRATIVE LAW JUDGE**

**APPEAL RIGHTS:** Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at [courts.michigan.gov](https://courts.michigan.gov). The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://rs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to [MOAHR-BSD-Support@michigan.gov](mailto:MOAHR-BSD-Support@michigan.gov), **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to  
Michigan Office of Administrative Hearings and Rules  
Rehearing/Reconsideration Request  
P.O. Box 30639  
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

**Via Electronic Mail:**

**Respondent**

WAYNE-GREENFIELD/JOY-DHHS  
8655 GREENFIELD RD  
DETROIT, MI 48228  
**MDHHS-WAYNE-17-  
HEARINGS@MICHIGAN.GOV**



**Via First Class Mail:**

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]