



Date Mailed: January 12, 2026

Docket No.: 25-019017

Case No.: [REDACTED]

Petitioner: [REDACTED]

[REDACTED]
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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。

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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; 42 CFR 438.400 to 438.424; and 45 CFR 205.10. After due notice, a telephone hearing was held via telephone conference on November 13, 2025. Petitioner appeared and represented herself. The Michigan Department of Health and Human Services (the Department) was represented by Stephanie Pearson, Assistance Payments Worker. During the hearing, the Department's 1084-page hearing packet was admitted into evidence as Exhibit A. The hearing was held before Administrative Law Judge (ALJ) Zainab Baydoun. Due to ALJ Baydoun's unavailability, this matter was reassigned to the undersigned who has reviewed the hearing record in its entirety in connection with the issuance of this Hearing Decision. Administrative Hearing Rule 792.1106(7), Mich Admin Code, R 792.10106(7).

During the hearing, Petitioner waived the time period for the issuance of this decision in order to allow for the submission of additional records, specifically updated medical evidence. Pursuant to the Interim Order, all additional medical evidence was due by December 15, 2025. On December 15, 2025, Petitioner submitted additional documents which were admitted into evidence as Petitioner's Exhibit 1, pp. 1-98. The record closed on December 15, 2025, and the matter is now before the undersigned for a final determination based on the evidence presented.

ISSUE

Did the Department properly determine that Petitioner 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 June [REDACTED] 2024, Petitioner submitted an application seeking cash assistance on the basis of a disability. Exhibit A, pp. 7-12.
2. On March [REDACTED] 2025, the Disability Determination Service (DDS) found Petitioner not disabled for purposes of the SDA program. Exhibit A, pp. 1069-1079.

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3. On March █ 2025, the Department sent Petitioner a Notice of Case Action (NOCA) denying the application based on DDS's finding of no disability. Exhibit A, pp. 1080-1083.
 4. On May █ 2025, the Department received Petitioner's timely written request for hearing. Exhibit A, pp. 4-6.
 5. Petitioner alleged disabling impairment due to mental and physical disabilities, specifically glaucoma, a cervical spine herniation with radiculopathy, lumbosacral bulging with radiculopathy, torn meniscus of the left knee, cervicogenic headaches, bipolar, post traumatic stress disorder (PTSD), and severe depression. Exhibit A, p. 14.
 6. The medical record reflects the following:
 - a. On December █ 2023, Corewell Health treated Petitioner after a slip and fall injury at work. Exhibit A, pp. 256-273, 389-431. Petitioner reported left knee and low back pain. At that time, Petitioner's past medical diagnoses included arthritis of the knees, bipolar disorder, panic attacks and seasonal allergies. Dr. Hussein A. Ghoui, DO, noted general low back tenderness, a superficial abrasion over the left knee of 1 centimeter in size, and general tenderness and mild swelling. Petitioner had a computed tomography (CT) scan of her head, and there was no acute intracranial abnormality. Petitioner had a CT scan of her cervical spine, and there was no acute fracture or traumatic malalignment. Petitioner had a CT scan of her lumbar spine, and there was no evidence of acute fracture or traumatic malalignment. Petitioner had a CT scan of her left knee, and there was no acute fracture or dislocation. There was soft tissue swelling and a suspected underlying lateral meniscal tear.
 - b. On January 11, 2024, Petitioner had a magnetic resonance imaging (MRI) of her cervical spine at Corewell Health. Exhibit A, pp. 253-255, 382-388. There was right paracentral disc protrusion at C5-C8 without high grade spinal canal stenosis or cord signal alteration.
 - c. On January 17, 2024, Petitioner underwent radiological imaging of her left knee at Corewell Health. Exhibit A, pp. 249-252, 375-381. The results were unremarkable. Imaging showed the joint spaces to be maintained and no arthritic spurring or joint effusion. Dr. Betina Hinckel, M.D., indicated that Petitioner's diagnosis was left knee pain from degenerative lesions that come from aging such as meniscus and cartilage tears, and contusion with hematoma. Exhibit A, pp. 941-942. Dr. Hinckel recommended nonsurgical treatment.
 - d. On January 27, 2024, Petitioner had an MRI of her cervical spine and lumbar spine at Corewell Health. Exhibit A, pp. 244-248, 365-374. There were mild

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- degenerative changes without lumbar spinal stenosis or neural foraminal stenosis of the lumbar spine.
- e. On February 9, 2024, Petitioner underwent radiological imaging of her cervical spine and lumbosacral spine at Corewell Health. Exhibit A, pp. 240-243, 358-364. There was no acute osseous abnormality with no active vertebral body subluxation of the cervical spine. There was no acute process with no active vertebral body subluxation of the lumbosacral spine.
 - f. On February 21, 2024, Petitioner had a follow up office visit at Corewell Health for back pain. Exhibit A, pp. 230-239. Petitioner was diagnosed with lumbar radiculopathy and occipital neuralgia.
 - g. On February 26, 2024, Petitioner had a corticosteroid injection in her left knee. Exhibit A, pp. 991-1003.
 - h. On February 27, 2024, Petitioner had an office visit with Grace Varilone, P.A., at Corewell Health. Exhibit A, pp. 218-229. Petitioner complained of head pain. Petitioner was diagnosed with occipital neuralgia and lumbar radiculopathy. P.A. Varilone noted that Petitioner was referred to aquatic therapy and physical therapy but had not started. Petitioner underwent an occipital nerve block procedure.
 - i. On March 7, 2024, Petitioner had a lumbar epidural steroid injection at Beaumont Center for Pain Management with Dr. Arjun Yerasi, M.D. Exhibit A, pp. 205-217, 323-357. Dr. Yerasi noted that Petitioner's reported severity of pain level was zero.
 - j. On March 13, 2024, Petitioner had a tele-office visit at Corewell Health with P.A. Varilone. Exhibit A, pp. 195-204. Petitioner complained of back pain. Petitioner was diagnosed with occipital neuralgia, lumbar radiculopathy and neck pain.
 - k. On April 2, 2024, Petitioner had an office visit at Corewell Health with P.A. Varilone. Exhibit A, pp. 184-194. Petitioner complained of back pain. Petitioner was diagnosed with numbness and tingling of the hand, lumbar radiculopathy, neck pain, and nerve pain. P.A. Varilone noted that Petitioner's MRI of the lumbar spine did not show significant spondylosis, but that Petitioner had degenerative disc disease, a small central disc protrusion, and no significant neuroforaminal stenosis.
 - l. On April 3, 2024, Petitioner began rehabilitation at Family Rehab Care (FRC). Exhibit A, p. 433. Petitioner reported cervical pain and headache. Petitioner's reported pain level was 5 out of 10. The frequency of physical therapy was planned for 1 to 2 times per week for 8 weeks. On April 4, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 804. Petitioner reported a pain level at 7 out of 10 and stated that driving aggravates the pain. On April 8, 2024,

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Petitioner had a physical therapy visit at FRC. Exhibit A, p. 807. Petitioner reported her neck was achy and had a pain level of 5 out of 10. On April 10, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 811. Petitioner reported she was “doing so much better and I’m not getting the headaches anymore.” Petitioner did not have pain on arrival or during the session. On April 15, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 815. Petitioner reported improvement with her headaches and pain and that she was not experiencing headaches all the time anymore. Petitioner did not have pain on arrival or during the session.

- m. On April 16, 2024, Petitioner had a follow-up office visit at Corewell Health with P.A. Varilone regarding her prior complaint of head pain. Exhibit A, pp. 171-183. Petitioner underwent an occipital nerve block procedure.
- n. On April 17, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 819. Petitioner reported feeling all right and her pain level was 1 out of 10. On April 18, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 437, 823. Petitioner reported that her knee was feeling better, but she had pinching when ascending/descending stairs. The frequency of physical therapy was increased to 3 times per week for 12 weeks. Petitioner reported no pain on arrival. On April 22, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 827. Petitioner reported she feels good when she stretches and works out. Petitioner reported no pain on arrival.
- o. On April 25, 2024, Petitioner had a cervical epidural steroid injection at Beaumont Center for Pain Management for the treatment of cervical radiculopathy. Exhibit A, pp. 159-170, 283-315. Dr. Yerasi noted that Petitioner’s reported severity of pain level was three.
- p. On April 25, 2024, Petitioner went to Motor City Orthopedics complaining of left knee pain. Exhibit A, p. 794. Petitioner was diagnosed with an acute tear of the lateral meniscus of the left knee. Exhibit 1, p. 54.
- q. On April 29, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 831. Petitioner reported her neck is feeling better, but her knee hurt.
- r. On May 1, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 834. Petitioner reported she was depressed. Petitioner indicated her neck was feeling better and that her pain level was 3 out of 10. On May 2, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 838. Petitioner reported neck pain at rest is a 4 out of 10 and after activity is 9 out of 10. On May 6, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 843. Petitioner reported pain upon arrival was 6-7 out of 10 and her main complaint was left knee pain, and neck pain was secondary. Petitioner was emotional about weight gain. On May 8, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 847. Petitioner

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complained of increased pain in her neck and shoulder. On May 9, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 851. Petitioner reported feeling better and tenderness over the right shoulder. Petitioner's pain level was a 2 out of 10. On May 13, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 855. Petitioner reported pain on arrival of 2 out of 10. On May 20, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 859. Petitioner reported that her neck felt "less crunchy" but still had pain in the neck and head and intermittent numbness and tingling in the right hand and foot. Petitioner's pain level was 3 out of 10.

- s. On May 15, 2024, Petitioner had an electromyography (EMG) test. Exhibit 1, p. 90. The EMG showed no electrodiagnostic evidence of cervical radiculopathy, brachial plexopathy, carpal tunnel syndrome, cubital tunnel syndrome, lumbosacral radiculopathy, lumbosacral plexopathy, tibial neuropathy, peroneal neuropathy, or peripheral neuropathy.
- t. On May 21, 2024, Petitioner had a tele-office visit at Corewell Health with P.A. Varilone. Exhibit A, pp. 147-158, 1048-1058. Petitioner complained of neck and head pain. Petitioner was referred to Dr. Samuel Rosenbaum for an opinion regarding her neck pain.
- u. On May 22, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 863. Petitioner reported increased pain and stiffness in neck and a headache. Petitioner's pain level was 9 out of 10. Petitioner left physical therapy due to a headache. On May 29, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 867. Petitioner reported her pain was slowly increasing and her pain on arrival was 4 out of 10. On May 30, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 871. Petitioner reported a "cervical headache" coming on and ended the therapy session. Petitioner reported her pain level was 4 out of 10.
- v. On June 5, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 876. Petitioner reported increased pain and headaches. Petitioner did not have numbness, tingling or burning. On June 6, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 880. Petitioner complained of cervical pain and headache. Petitioner reported pain level at 5 out of 10.
- w. On June 7, 2024, Petitioner had an office visit with Dr. Ram Garg, M.D. Exhibit A, pp. 892-897. Petitioner complained of a headache. Additional complaints included neck pain, back pain, knee pain, depression and insomnia. Petitioner was prescribed medication for migraines, cervical radiculopathy, left knee, L-S radiculopathy, anxiety and depression, insomnia, and allergies. Dr. Garg reported that Petitioner's depression symptoms were relieved by antidepressants. Petitioner was advised she was prohibited from heavy lifting, pushing, or pulling over 15 pounds.

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- x. On July 2, 2024, Petitioner had an office visit with Dr. Garg. Exhibit A, pp. 887-891. Petitioner complained of seizures. Petitioner's last seizure was "year(s) ago." Dr. Ram recommended an EEG. Petitioner was advised of a nerve conduction study. Petitioner was diagnosed with anxiety and depression. Dr. Garg reported that Petitioner's depression symptoms were relieved by antidepressants. Petitioner was advised she was prohibited from heavy lifting, pushing or pulling over 15 pounds.
 - y. On July 5, 2024, Petitioner had a surgical consultation for her neck and back pain. Exhibit A, pp. 980-990. Michael McIntosh, M.D., recommended C5-C6 anterior cervical discectomy and fusion.
 - z. On July 16, 2024, Petitioner had an office visit at Corewell Health with P.A. Varilone. Exhibit A, pp. 136-146. Petitioner complained of neck pain. Petitioner indicated she had an appointment with Dr. Rosenbaum for anterior cervical discectomy and fusion procedure (ACDF) but was not sure if she would go through with it.
 - aa. On August 11, 2024, Petitioner went to the Corewell emergency room and was treated by Lauren Coe, D.O. and Joshi Milap, D.O. Exhibit A, pp. 122-135. Petitioner complained of back pain after a fall in the shower. Petitioner was diagnosed with back muscle spasm and acute myofascial strain of lumbar region.
 - bb. On August 26, 2024, Petitioner had an evaluation at FRC. Exhibit A, p. 472. On August 29, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 440. Petitioner reported neck pain and difficulty with activities of daily living (ADLs).
 - cc. On August 30, 2024, Petitioner had a brain MRI. Exhibit A, pp. 111-121. She was diagnosed with nonintractable epilepsy without status epilepticus and migraine.
 - dd. On September 6, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 447. Petitioner reported neck pain level 7 out of 10. On September 16, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 484. Petitioner reported moderate stiffness in her lower back. Petitioner reported feeling better after prior session and pain level 5 out of 10. Exhibit A, p. 451. On September 18, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 487. Petitioner reported her pain level was 2 out of 10 and up to 6 out of 10 with moderate activity.
 - ee. On October 2, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 491. Petitioner reported moderate stiffness and pain in lower back. Petitioner reported her pain level was 3 out of 10 and up to 7-8 out of 10 with moderate activity. Petitioner reported decrease in frequency of radicular symptoms and

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- decrease in intensity. On October 4, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 459. Petitioner reported pain at its worst is an 8 out of 10 but that she is able to complete ADLs with moderate difficulty. Petitioner reported pain in her lower back and a pain level of 4 out of 10. Exhibit A, p. 496. On October 7, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 464; 500. Petitioner reported her pain level was 4 out of 10.
- ff. On October 8, 2024, Petitioner had an office visit with Corewell Pain Management. Exhibit A, pp. 98-110. She was diagnosed with generalized headaches.
- gg. On October 14, 2024, Petitioner had a physical therapy visit at FRC. Exhibit A, p. 468. Petitioner reported she woke up with sharp pain in neck and shoulder region and her pain level was 6 out of 10. Petitioner completed aquatic exercises. Exhibit A, p. 504.
- hh. On November 4, 2024, Petitioner had an office visit with Omar Ahmad, M.D., at Michigan Neuroscience and complained of memory loss. Exhibit A, pp. 671-675. Treatment was recommended for cervical disc disease related to cervical and lumbosacral radiculopathies. Petitioner was referred to neuropsychology for memory loss; counseled on nonspecific paroxysmal spell and not to drive, operate heavy machinery, work from elevated heights or swim/bath unassisted for at least 6 months from the last spell. Petitioner had an EMG test. Exhibit A, pp. 688-690. Test results were abnormal for the left versus right side comparison data for the ulnar motor nerve and indicated evidence of a mild chronic bilateral C7 radiculopathies without ongoing denervation.
- ii. On November 27, 2024, Petitioner had an office visit with Martial Fotso, M.D., at Deighton Family Medicine. Exhibit A, pp. 954-960. Petitioner reported no new concerns but indicated she felt like previous providers had not been helpful. Petitioner was interested in obtaining GLP to lose weight. Petitioner was diagnosed with morbid obesity. Exhibit 1, p. 54.
- jj. On December 28, 2024, Petitioner was evaluated by Michael P. Hayes, licensed psychologist, and David R. Cashbaugh Jr., limited licensed psychologist. Exhibit A, pp. 773-778. Petitioner reported that she was depressed and anxious, has trouble sleeping and has panic attacks. Petitioner complained of memory issues and "brain fog." She indicated she has friends and support from her boyfriend and mother. Petitioner reported spending most of her time at her home in her room. Petitioner reported that she has a psychiatrist that she sees but has not seen anyone for counseling since early 2024. The examiner noted that Petitioner's speech was clear and understandable, she did not appear physically uncomfortable, but she was anxious. Further, Petitioner had no obvious memory issues, she appeared able to concentrate and focus and interacted appropriately with the examiner. Petitioner was diagnosed with bipolar II disorder and PTSD.

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- kk. On January 9, 2025, Petitioner had an office visit with Dr. Ahmad at Michigan Neuroscience and complained of dizziness and unspecified convulsions. Exhibit A, pp. 676-683. Petitioner had a videonystagomography (VNG) test. Test results reported no central or peripheral vestibular abnormality. Petitioner had an electroencephalogram (EEG) test. Exhibit A, p. 678. Test results reported no epileptiform activity or focal cerebral dysfunction and the EEG was normal.
- ll. On February 3, 2025, Petitioner had a follow visit with Dr. Ahmad at Michigan Neuroscience and complained of neck and back pain. Exhibit A, pp. 684-687. Dr. Ahmad recommended an EMG test, follow up with spine surgery for lumbar disc disease, follow up with psychiatry for bipolar affective disorder. He counseled her for a nonspecific paroxysmal spell and reported it was unclear if Petitioner actually has a seizure disorder. Petitioner had an EMG test. Exhibit A, p. 691. Test results were abnormal and indicated evidence of a chronic bilateral L5-S1 radiculopathies without ongoing denervation.
- mm. On April 17, 2025, Petitioner had a knee surgery consultation with Henry Ford Providence Hospital. Exhibit 1, p. 34.
- nn. On April 30, 2025, Petitioner saw Jamila Taylor, M.D., at Deighton Family Medicine. Dr. Taylor diagnosed Petitioner with degenerative rupture of the lateral meniscus of the left knee. Exhibit 1, p. 55.
- oo. On May 21, 2025, Petitioner had an arthroscopy of her left knee. Exhibit 1, p. 38.
- pp. On June 5, 2025, Petitioner had her first post-operative visit. She reported some pain and that she was using a cane for assistance. Exhibit 1, p. 58.
- qq. On July 8, 2025, Petitioner had her second post operative visit and reported moderate pain. Exhibit 1, p. 58.
- rr. On August 6, 2025, Petitioner had a consultation with Deen Braswell, M.D. at Deighton Family Medicine regarding a left knee total replacement. Exhibit 1, p. 55.
- ss. On August 26, 2025, Petitioner had left knee replacement surgery. Exhibit 1, p. 38.
- tt. On September 29, 2025, Petitioner had an office visit at Corewell Health. Exhibit 1, pp. 59-64. Petitioner's primary complaint was lower back pain.
- uu. On October 14, 2025, Petitioner had a follow up visit after the total knee arthroplasty. Exhibit 1, p. 36. Petitioner reported she was doing well with no pain.

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- vv. On November 7, 2025, Petitioner had an office visit with Dr. Rosenbaum at Corewell Health. Exhibit 1, pp. 79-83. Dr. Rosenbaum reported Petitioner was not a candidate for structural spine surgery. Petitioner was evaluated for back and neck pain management through a spinal cord stimulator.
- ww. On November 18, 2025, Petitioner had an office visit with Alina Stevenson, Psy.D, at Corewell Health. Exhibit 1, pp. 76-78. Petitioner was evaluated for participation in a spinal cord stimulator for pain management. Dr. Stevenson reported Petitioner did not exhibit signs of major mental health disorder or substance abuse risk. Petitioner appeared to have the capacity to make decisions independently. Petitioner's mental status was noted as logical and coherent, and concentration and memory were intact.
- xx. On November 24, 2025, Petitioner had a follow up with Dr. Stevenson regarding the spinal cord stimulator. Exhibit 1, pp. 74-75.
- yy. On December 1, 2025, Petitioner had a follow up with Dr. Taylor regarding her back pain and the spinal cord stimulator. Exhibit 1, pp. 84-89.
- zz. On December 10, 2025, Petitioner ended her therapy with Akeyia Marshall, L.M.S.W. Exhibit 1, p. 98. Ms. Marshall referred Petitioner to Eye Movement Desensitization and Reprocessing (EMDR) therapy due to Petitioner's childhood trauma and chronic pain.
7. On the date of the hearing, Petitioner was ■■■ years old with a January ■■■ 1979 birth date; she is ■■■ in height and weighs about ■■■ pounds.
8. Petitioner has an associate's degree in business.
9. Petitioner has an insurance agent's license.
10. At the time of application, Petitioner was not employed.
11. Petitioner has an employment history of work for the previous five years as a delivery driver, brand ambassador, insurance agent, cashier and inventory stocker.
12. Petitioner has a pending disability claim with the Social Security Administration.

CONCLUSIONS OF LAW

Department policies are contained in Michigan Department of Health and Human Services Bridges Administrative Manual (BAM), Bridges Eligibility Manual (BEM), and 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, R 400.3151 to R 400.3180.

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 December 2023. 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.

Here, Petitioner alleged disabling impairments due to various medical conditions including steroid-induced glaucoma, cervical spine herniation with radiculopathy, lumbosacral bulging with radiculopathy, torn meniscus of the left knee, cervicogenic headaches, bipolar, PTSD and severe depression. Exhibit A, p. 14. DDS determined that Petitioner had multiple Medically Determinable Impairments (MDIs) and categorized them as "severe." Exhibit A, p. 1075. Petitioner's primary impairment diagnosis was disorders of the skeletal spine, and secondary impairment diagnosis was depressive, bipolar and related disorders. The medical evidence demonstrates that Petitioner has been treated for the disorders of the skeletal spine diagnosis since an injury at work in December 2023. Petitioner has sought treatment for knee pain and headaches and has had diagnostic testing showing a spinal disc protrusion without high grade spinal canal stenosis or cord signal alteration and knee pain from degenerative lesions. Petitioner underwent left knee surgery in May and August of 2025. Petitioner has also had mental health treatment with a diagnosis for bipolar, PTSD, anxiety and depression.

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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 Petitioner suffers from severe impairments that have lasted or are expected to last for a continuous period of not less than 90 days. 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 1.15 (disorders of the skeletal spine resulting in compromise of a nerve root(s)), 1.16 (lumbar spinal stenosis resulting in compromise of the cauda equina), 1.18 (abnormality of a major joint(s) in any extremity), 2.04 (loss of visual efficiency or visual impairment), 4.02 (chronic heart failure), 11.02 (epilepsy), 11.17 (neurodegenerative disorders of the central nervous system such as Huntington's disease, Friedreich's ataxia, and spinocerebellar degeneration), 12.04 (depressive, bipolar and related disorders), 12.06 (anxiety and obsessive compulsive disorders) and 12.15 (trauma and stressor related disorders) were considered. Exhibit A, p. 32, 1077. 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) 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

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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 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,

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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 her medical conditions. Petitioner testified that she can walk for 15 to 20 minutes before she experiences pain. Petitioner states she occasionally uses a cane for assistance when she has knee pain and can sit for an hour before she needs to stand or lie down and stand for 20 to 30 minutes at a time. Petitioner added that she has a difficult time climbing stairs or squatting. Petitioner can lift a weight up to 10 pounds and has no issue with grip or grasp strength. Petitioner testified that she lives alone and has a chore provider that assists her with ADLs, including preparing her meals, grocery shopping, and doing laundry and cleaning. Petitioner states she has a car but is afraid to drive because she had a seizure. Petitioner testified that she is bipolar and has PTSD and a panic disorder and attends mental health treatment once every three months and therapy once per week. In December 2025, Petitioner ended talk therapy and was referred to EMDR therapy. Petitioner explained that she has trouble getting out of bed, has a fear of crowds, and experiences crying spells twice per week. Petitioner has panic attacks daily that last between five and 30 minutes. Petitioner does not have suicidal or homicidal thoughts. Petitioner does not use alcohol, cigarettes or marijuana. Petitioner has no hobbies and spends her day at her home or visits with her mother.

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.

Regarding Petitioner's exertional RFC, DDS determined that Petitioner was capable of unskilled light work as defined by 20 CFR 416.967. Exhibit A, p. 37. Specifically, DDS determined that Petitioner had exertional limitations and that she could occasionally lift or carry 20 pounds, frequently lift or carry 10 pounds, had unlimited push and pull in both her upper and lower extremities, and could stand, walk or sit for 6 hours in an 8-hour workday. Exhibit A, p. 33. However, Petitioner's medical evidence indicated that in June and July 2024, Petitioner had two office visits with Dr. Garg. At both visits, Dr. Garg advised Petitioner that she was not allowed to lift, push or pull anything over 15 pounds. Exhibit A, p. 887, 892. Petitioner testified that she was able to lift a weight up to 10 pounds. Further, Petitioner presented medical evidence of her two knee surgeries which occurred in May and August of 2025. Based on a review of the record, it is found that Petitioner maintained the physical capacity to perform sedentary work.

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Regarding Petitioner's nonexertional RFC, based on evidence presented, Petitioner has postural limitations on squatting and climbing stairs due to a spinal disc protrusion. Petitioner also has mental limitations affecting her ability to perform basic work activities. Petitioner testified that her bipolar diagnosis, PTSD, panic disorder and memory loss significantly affect her ability to maintain employment. Petitioner explained that she experiences panic attacks and memory loss that affect her concentration. Petitioner presented documentation of her referral to EMDR therapy and office visits where she complained of memory loss or "brain fog." Petitioner underwent a psychological examination on December 28, 2024. That examination found that Petitioner's speech was clear and understandable; she did not appear physically uncomfortable; and she had no obvious memory issues, appeared able to concentrate and focus, and interacted appropriately. At that examination, Petitioner reported that she has friends and gets help with ADLs from her boyfriend and mother. At the hearing, Petitioner indicated that she has a chore provider who helps with grocery shopping, laundry and cleaning. The examiner determined Petitioner's prognosis was fair to guarded pending medical resolution. Although Petitioner reported at the examination that her mental health medications did not help her, at the hearing Petitioner testified that the effectiveness of the medications varies, stating "they do work and they don't work" and she does not experience any medication side effects. Dr. Garg's treatment notes reported that Petitioner's mental health symptoms were relieved by antidepressant medications. Based on the medical record presented, as well as Petitioner's testimony, it is found that Petitioner has limitations on her mental ability to perform basic work activities as follows: no limitations in ability to understand, remember or apply information; no limitations in ability to interact with others; moderate limitations in ability to concentrate, persist, or maintain pace; and mild limitations in ability to adapt or manage oneself.

Based on Petitioner's exertional limitations, Petitioner is able to perform sedentary work. However, given Petitioner's nonexertional limitations, including postural and mental, Petitioner is unable to perform the full range of sedentary work, and thus, the occupational base is eroded by her additional limitations or restrictions. SSR 96-9p.

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 work as a delivery driver, brand ambassador, certified insurance agent, assembler, and retail cashier/stocker. Petitioner testified that she could not perform prior jobs because of her physical pain and mental demands of insurance work.

Based on the RFC analysis above, Petitioner's exertional RFC limited her to no more than sedentary work activities. Delivery driver jobs are classified as a moderate level of exertion. <https://occupationalinfo.org/29/292353010.html>, last accessed January 5, 2026. Goodwill ambassador (host/hostess), insurance agent, assembler, and retail cashiering/stocking jobs are all classified as a light level of exertion. <https://occupationalinfo.org/29/293357018.html>, <https://occupationalinfo.org/25/250257010.html>, <https://occupationalinfo.org/70/706687010.html>, <https://occupationalinfo.org/21/211462014.html>, last accessed December 26, 2025.

Given Petitioner's RFC of sedentary work, Petitioner is incapable of performing past relevant work. Because Petitioner is incapable of performing past relevant work, she cannot be found disabled, or not disabled, at Step 4 and the assessment continues to Step 5.

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 the Department 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 application and ■ years old at the time of hearing, and, thus, considered to be a younger individual (age 45-49) for purposes of Appendix 2. She is a high school graduate and has an associate's degree in business. 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 her exertional RFC, the Medical-Vocational Guidelines result in a finding that Petitioner is not disabled.

Petitioner also has nonexertional RFC, imposing additional limitations. Petitioner has postural limitations that result in difficulty squatting and climbing stairs. Further, Petitioner has moderate limitations in ability to concentrate, persist, or maintain pace and mild limitations in ability to adapt or manage oneself. However, these limitations would not preclude her from engaging in simple, unskilled work activities on a sustained basis. See SSR 83-14. Therefore, Petitioner is able to adjust to other work and is **not** disabled at Step 5.

DECISION AND ORDER

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 **not disabled** for purposes of the SDA benefit program.

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



JULIA NORTON
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. 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://lrs.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, **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.

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