

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After careful consideration of the entire record, I make the following findings:

1. The claimant's date last insured is December 31, 2012.
2. The claimant has not engaged in substantial gainful activity since July 7, 2008, the alleged onset date (20 CFR 404.1520(b), 404.1571 *et seq.*, 416.920(b) and 416.971 *et seq.*).
3. The claimant has the following severe impairments: cervical spine disorder, lumbar spine disorder, bilateral knee arthritis, depression, anxiety disorder with PTSD (Post Traumatic Stress Disorder), bipolar disorder, and borderline intellectual functioning with reduced memory (20 CFR 404.1520(c) and 416.920(c)).

The claimant has a history of alcohol abuse with admissions for alcohol abuse in the early 2000s. The claimant's history of alcohol abuse is a non severe impairment as it is not material to any finding of disability.

4. The claimant does not have an impairment or combination of impairments that meets or medically equals one of the listed impairments in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525, 404.1526, 416.920(d), 416.925 and 416.926).

The claimant has the following degree of limitation in the broad areas of functioning set out in the disability regulations for evaluating mental disorders and in the mental disorders listings in 20 CFR, Part 404, Subpart P, Appendix 1: mild restriction in activities of daily living, mild difficulties in maintaining social functioning, moderate difficulties in maintaining concentration, persistence or pace, and no episodes of decompensation, each of extended duration.

5. The claimant has the residual functional capacity to perform light work as defined in 20 CFR 404.1567(b) and 416.967(b). She can frequently lift and carry 10 pounds, and she can occasionally lift and carry 20 pounds. She may sit and stand/walk at least 6 hours each in an 8-hour work day. She may only engage in occasional overhead reaching tasks with the upper extremities. She is not able to climb ladders, ropes or scaffolds. She has occasional restrictions for the remaining postural maneuvers, including ramp/stair climbing, balancing, stooping, kneeling, crouching, and crawling. The claimant must avoid dangerous work hazards. The claimant is limited to routine, uncomplicated, non production pace/non quota type work. She is limited to having only occasional required work interactions with co-workers, supervisors and the public. The claimant needs a sit-stand option in the work place with the opportunity to change positions. The claimant is unable to sustain full time, competitive work.

In making this finding, I considered all symptoms and the extent to which these symptoms can reasonably be accepted as consistent with the objective medical evidence and other evidence, based on the requirements of 20 CFR 404.1529 and 416.929 and SSRs 96-4p and 96-7p. I have also considered opinion evidence in accordance with the requirements of 20 CFR 404.1527 and 416.927 and SSRs 96-2p, 96-6p and 06-3p.

She testified that she lives with her boyfriend of 14 years. She said that her income source is unemployment compensation. The claimant said she does not qualify for a Shands card. She said she gets her medications for her mental issues when she sees a psychiatrist. The claimant said she looks for jobs, but she does not think that she can work. She says she has been treated for neck and back pain. Her medications are helpful sometimes. She said she cannot do much walking or sitting for very long, which she said was about 30 minutes. She said she cannot sit through a TV show. She said she has been in mental health counseling for 20 years.

She said she was in special education classes in school. She said she cannot read everything in the newspaper. The claimant said that she dusts and does the dishes.

An MRI (magnetic resonance imaging) of the claimant's lumbar spine done on October 1, 2008 revealed bulging of the disc material slightly asymmetrical on the left at the L5-S1 intervertebral level without significant compression of the thecal sac or the nerve roots. An MRI of her cervical spine done on the same day revealed two level degenerative disc disease with a small focal disc protrusion at the right C5-6 level. There was minimal degenerative disc space narrowing at C6-7. (Exhibit 3F)

The claimant sees Kevin Peterson, M.D. for primary care. At an appointment on October 14, 2008, the claimant complained of back pain. Dr. Peterson reviewed the claimant's MRI studies. He renewed her prescription for hydrocodone, and instructed her to see a neurosurgeon if her pain worsened. (Exhibit 5F)

On February 19, 2010, the claimant met with John Hawkins, M.D., a neurologist. After examining the claimant and reviewing her imaging studies, Dr. Hawkins diagnosed the claimant with chronic lumbar and cervical pain, lumbar degenerative disc disease, and chronic sacral and knee pain. He said the claimant should be followed by her primary care physician and a pain management specialist. (Exhibit 18F)

The claimant received counseling and medication management services from Sutton Place of Nassau County since July 2006. The claimant has received prescriptions for Risperdal, Zyprexa and Prozac. Her diagnoses are: PTSD and rule out bipolar disorder. Heather Rohrer, M.D. and James Summerlin, ARNP have treated the claimant. (Exhibits 7F, 17F)

On June 8, 2010, the claimant participated in a consultative psychological evaluation with Peter Knox, Psy.D. The claimant was cleanly dressed. The claimant reported that her last job ended in 2008 when she hurt her back lifting ice into the soda machine. She relayed that she had sought professional health for her mental issues as an inpatient and as an outpatient. Dr. Knox noted that the claimant's mood appeared dysphoric, and the claimant had a blunted affect. The claimant said she could lift about 20 pounds, which is how much her grandson weighs. On

the WAIS-IV (Wechsler Adult Intelligence Scale-Fourth Edition), the claimant obtained the following scores:

Verbal Comprehension	66
Perceptual Reasoning	79
Working Memory	69
Processing Speed	74
Full Scale	67

The claimant's work history and passing the GED place her more in the mild borderline range of IQ, according to Dr. Knox. The claimant said that she could hear voices talking about her and a voice telling her that her boyfriend wanted another woman. Dr. Knox wrote that the claimant is very dependent on others to get her needs met, and she does poorly unless others are taking care of her. Dr. Knox diagnosed the claimant with major depression with mild psychoses, borderline IQ, and dependent personality. Dr. Knox prepared a mental residual functional capacity assessment. He said the claimant had moderate limitations in her ability to interact appropriately with the public, supervisors and co-workers. Dr. Knox also noted that the claimant had moderate limitations in her ability to respond appropriately to usual work situations and to changes in a routine work setting. (Exhibit 23F) This assessment is given substantial weight because it is internally consistent, and it is in agreement with the totality of the evidence.

On March 11, 2010, Jim Summerlin, ARNP and Heather Rohrer, M.D. completed a mental residual functional capacity assessment. They opined that the claimant does not have psychotic symptoms as long as she is on her medication. They added that the claimant's physical problems keep her from working. (Exhibit 22F) This opinion is given little weight because the opinion regarding the claimant's physical abilities is not within the expertise of Mr. Summerlin and Dr. Rohrer.

After considering the evidence of record, I find that the claimant's medically determinable impairments could reasonably be expected to produce the alleged symptoms, and that the claimant's statements concerning the intensity, persistence and limiting effects of these symptoms are generally credible.

The State agency medical consultants' physical assessments and psychological consultants' mental assessments are given little weight because the State agency consultants did not adequately consider the combined effect of the claimant's impairments.

6. The claimant is unable to perform any past relevant work (20 CFR 404.1565 and 416.965).

The demands of the claimant's past relevant work exceed the residual functional capacity.

7. The claimant was an individual closely approaching advanced age on the established disability onset date (20 CFR 404.1563 and 416.963).

8. The claimant has a limited education and is able to communicate in English (20 CFR 404.1564 and 416.964).

9. The claimant's acquired job skills do not transfer to other occupations within the residual functional capacity defined above (20 CFR 404.1568 and 416.968).

10. Considering the claimant's age, education, work experience, and residual functional capacity, there are no jobs that exist in significant numbers in the national economy that the claimant can perform (20 CFR 404.1560(c), 404.1566, 416.960(c), and 416.966).

In determining whether a successful adjustment to other work can be made, I must consider the claimant's residual functional capacity, age, education, and work experience in conjunction with the Medical-Vocational Guidelines, 20 CFR Part 404, Subpart P, Appendix 2. If the claimant can perform all or substantially all of the exertional demands at a given level of exertion, the medical-vocational rules direct a conclusion of either "disabled" or "not disabled" depending upon the claimant's specific vocational profile (SSR 83-11). When the claimant cannot perform substantially all of the exertional demands of work at a given level of exertion and/or has nonexertional limitations, the medical-vocational rules are used as a framework for decision making unless there is a rule that directs a conclusion of "disabled" without considering the additional exertional and/or nonexertional limitations (SSRs 83-12 and 83-14). If the claimant has solely nonexertional limitations, section 204.00 in the Medical-Vocational Guidelines provides a framework for decision making (SSR 85-15).

If the claimant had the residual functional capacity to perform the full range of light work, considering the claimant's age, education, and work experience, a finding of "not disabled" would be directed by Medical-Vocational Rule 202.11. To determine the extent to which the claimant's additional limitations erode the unskilled light occupational base, I asked the vocational expert whether jobs exist in the national economy for an individual with the claimant's age, education, work experience, and residual functional capacity. The vocational expert testified that given all of these factors there are no jobs in the national economy that the individual could perform.

Based on the testimony of the vocational expert, I conclude that, considering the claimant's age, education, work experience, and residual functional capacity, a finding of "disabled" is appropriate under the framework of the above-cited rule.

11. The claimant has been under a disability as defined in the Social Security Act since July 7, 2008, the alleged onset date of disability (20 CFR 404.1520(g) and 416.920(g)).

DECISION

Based on the application for a period of disability and disability insurance benefits protectively filed on October 20, 2008, the claimant has been disabled under sections 216(i) and 223(d) of the Social Security Act since July 7, 2008.