



Office of Disability Adjudication and Review
SSA ODAR Hearing Ofc
Suite 200
2201 Coronation Blvd
Charlotte, NC 28227-6741

Date: June 22, 2017

Edward Mylo Rawlinson
1641 Hawkcrest Lane
Winston Salem, NC 27127

Notice of Decision – Fully Favorable

I carefully reviewed the facts of your case and made the enclosed fully favorable decision. Please read this notice and my decision.

Another office will process my decision. That office may ask you for more information. If you do not hear anything within 60 days of the date of this notice, please contact your local office. The contact information for your local office is at the end of this notice.

If You Disagree With My Decision

If you disagree with my decision, you may file an appeal with the Appeals Council.

How To File An Appeal

To file an appeal you or your representative must ask in writing that the Appeals Council review my decision. You may use our Request for Review form (HA-520) or write a letter. The form is available at www.socialsecurity.gov. Please put the Social Security number shown above on any appeal you file. If you need help, you may file in person at any Social Security or hearing office.

Please send your request to:

**Appeals Council
Office of Disability Adjudication and Review
5107 Leesburg Pike
Falls Church, VA 22041-3255**

Time Limit To File An Appeal

You must file your written appeal **within 60 days** of the date you get this notice. The Appeals Council assumes you got this notice 5 days after the date of the notice unless you show you did

Form HA-L76 (03-2010)

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

See Next Page

not get it within the 5-day period.

The Appeals Council will dismiss a late request unless you show you had a good reason for not filing it on time.

What Else You May Send Us

You or your representative may send us a written statement about your case. You may also send us new evidence. You should send your written statement and any new evidence **with your appeal**. Sending your written statement and any new evidence with your appeal may help us review your case sooner.

How An Appeal Works

The Appeals Council will consider your entire case. It will consider all of my decision, even the parts with which you agree. Review can make any part of my decision more or less favorable or unfavorable to you. The rules the Appeals Council uses are in the Code of Federal Regulations, Title 20, Chapter III, Part 404 (Subpart J).

The Appeals Council may:

- Deny your appeal,
- Return your case to me or another administrative law judge for a new decision,
- Issue its own decision, or
- Dismiss your case.

The Appeals Council will send you a notice telling you what it decides to do. If the Appeals Council denies your appeal, my decision will become the final decision.

The Appeals Council May Review My Decision On Its Own

The Appeals Council may review my decision even if you do not appeal. They may decide to review my decision within 60 days after the date of the decision. The Appeals Council will mail you a notice of review if they decide to review my decision.

When There Is No Appeals Council Review

If you do not appeal and the Appeals Council does not review my decision on its own, my decision will become final. A final decision can be changed only under special circumstances. You will not have the right to Federal court review.

If You Have Any Questions

We invite you to visit our website located at www.socialsecurity.gov to find answers to general questions about social security. You may also call (800) 772-1213 with questions. If you are deaf or hard of hearing, please use our TTY number (800) 325-0778.

If you have any other questions, please call, write, or visit any Social Security office. Please have this notice and decision with you. The telephone number of the local office that serves your area is (877)626-9589. Its address is:

Social Security
499 Lakeshore Pkwy
Rock Hill, SC 29730-4205

Kevin F. Foley
Administrative Law Judge

Enclosures:

Form HA-L15 (Fee Agreement Approval)
Decision Rationale

cc: J. William Snyder, Jr
Charles Peed & Associates
500 West 4th Street
Suite 100
Winston Salem, NC 27101

SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review

ORDER OF ADMINISTRATIVE LAW JUDGE

IN THE CASE OF

Edward Mylo Rawlinson

(Claimant)

(Wage Earner)

CLAIM FOR

Period of Disability and Disability Insurance
Benefits



(Social Security Number)

I approve the fee agreement between the claimant and his representative subject to the condition that the claim results in past-due benefits. My determination is limited to whether the fee agreement meets the statutory conditions for approval and is not otherwise excepted. I neither approve nor disapprove any other aspect of the agreement.

YOU MAY REQUEST A REVIEW OF THIS ORDER AS INDICATED BELOW

Fee Agreement Approval: You may ask us to review the approval of the fee agreement. If so, write us within 15 days from the day you get this order. Tell us that you disagree with the approval of the agreement and give your reasons. Your representative also has 15 days to write us if he or she does not agree with the approval of the fee agreement. Send your request to this address:

Joan E. Parks Saunders
Regional Chief Administrative Law Judge
SSA ODAR
Suite 20T10
61 Forsyth Street SW
Atlanta, GA 30303

Fee Agreement Amount: You may also ask for a review of the amount of the fee due to the representative under this approved fee agreement. If so, please write directly to me as the deciding Administrative Law Judge within 15 days of the day you are notified of the amount of the fee due to the representative. Your representative also has 15 days to write me if he/she does not agree with the fee amount under the approved agreement.

You should include the social security number(s) shown on this order on any papers that you send us.

/s/ Kevin F. Foley

Kevin F. Foley
Administrative Law Judge

June 22, 2017

Date

**SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review**

DECISION

IN THE CASE OF

Edward Mylo Rawlinson

(Claimant)

(Wage Earner)

CLAIM FOR

Period of Disability and Disability Insurance
Benefits



(Social Security Number)

JURISDICTION AND PROCEDURAL HISTORY

This case is before the undersigned on a request for hearing dated May 8, 2016 (20 CFR 404.929 *et seq.*). The claimant appeared and testified at a hearing held on April 4, 2017, in Charlotte, NC. Rachel McDaniel, an impartial vocational expert, also appeared at the hearing. The claimant is represented by J. William Snyder, Jr, an attorney.

The claimant is alleging disability since February 3, 2015.

ISSUES

The issue is whether the claimant is disabled under sections 216(i) and 223(d) of the Social Security Act. Disability is defined as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or combination of impairments that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months.

There is an additional issue whether the insured status requirements of sections 216(i) and 223 of the Social Security Act are met. The claimant's earnings record shows that the claimant has acquired sufficient quarters of coverage to remain insured through September 30, 2019. Thus, the claimant must establish disability on or before that date in order to be entitled to a period of disability and disability insurance benefits.

After careful review of the entire record, the undersigned finds that the claimant has been disabled from February 3, 2015, through the date of this decision. The undersigned also finds that the insured status requirements of the Social Security Act were met as of the date disability is established.

APPLICABLE LAW

Under the authority of the Social Security Act, the Social Security Administration has established a five-step sequential evaluation process for determining whether an individual is

disabled (20 CFR 404.1520(a)). The steps are followed in order. If it is determined that the claimant is or is not disabled at a step of the evaluation process, the evaluation will not go on to the next step.

At step one, the undersigned must determine whether the claimant is engaging in substantial gainful activity (20 CFR 404.1520(b)). Substantial gainful activity (SGA) is defined as work activity that is both substantial and gainful. If an individual engages in SGA, he is not disabled regardless of how severe his physical or mental impairments are and regardless of his age, education, or work experience. If the individual is not engaging in SGA, the analysis proceeds to the second step.

At step two, the undersigned must determine whether the claimant has a medically determinable impairment that is "severe" or a combination of impairments that is "severe" (20 CFR 404.1520(c)). An impairment or combination of impairments is "severe" within the meaning of the regulations if it significantly limits an individual's ability to perform basic work activities. If the claimant does not have a severe medically determinable impairment or combination of impairments, he is not disabled. If the claimant has a severe impairment or combination of impairments, the analysis proceeds to the third step.

At step three, the undersigned must determine whether the claimant's impairment or combination of impairments is of a severity to meet or medically equal the criteria of an impairment listed in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525, and 404.1526). If the claimant'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 404.1509), the claimant is disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, the undersigned must first determine the claimant's residual functional capacity (20 CFR 404.1520(e)). An individual's residual functional capacity is his ability to do physical and mental work activities on a sustained basis despite limitations from his impairments. In making this finding, the undersigned must consider all of the claimant's impairments, including impairments that are not severe (20 CFR 404.1520(e) and 404.1545; SSR 96-8p).

Next, the undersigned must determine at step four whether the claimant has the residual functional capacity to perform the requirements of his past relevant work (20 CFR 404.1520(f)). The term past relevant work means work performed (either as the claimant actually performed it or as it is generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. In addition, the work must have lasted long enough for the claimant to learn to do the job and have been SGA (20 CFR 404.1560(b) and 404.1565). If the claimant has the residual functional capacity to do his past relevant work, the claimant is not disabled. If the claimant is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth and last step.

At the last step of the sequential evaluation process (20 CFR 404.1520(g)), the undersigned must determine whether the claimant is able to do any other work considering his residual functional capacity, age, education, and work experience. If the claimant is able to do other work, he is not

disabled. If the claimant is not able to do other work and meets the duration requirement, he is disabled. Although the claimant generally continues to have the burden of proving disability at this step, a limited burden of going forward with the evidence shifts to the Social Security Administration. In order to support a finding that an individual is not disabled at this step, the Social Security Administration is responsible for providing evidence that demonstrates that other work exists in significant numbers in the national economy that the claimant can do, given the residual functional capacity, age, education, and work experience (20 CFR 404.1512(g) and 404.1560(c)).

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After careful consideration of the entire record, the undersigned makes the following findings:

- 1. The claimant's date last insured is September 30, 2019.**
- 2. The claimant has not engaged in substantial gainful activity since February 3, 2015, the alleged onset date (20 CFR 404.1520(b) and 404.1571 *et seq.*).**
- 3. The claimant has the following severe impairments: cervical and lumbar degenerative disc disease, migraine headaches with occipital neuralgia, bilateral carpal tunnel syndrome and depression with anxiety (20 CFR 404.1520(c)).**

The medical evidence of record shows that the claimant was involved in a motor vehicle accident in February 2015. Thereafter, he complained of chronic neck and low back pain and upper and lower extremity numbness. Examinations demonstrated tenderness and limited range of motion of the cervical and lumbar spines, cervical paraspinal hypertonia, muscle guarding, cervical and lumbar spine muscle spasms, bilateral positive straight leg raising, positive sacroiliac compression test, positive Spurlings test, 3/5 strength in the upper extremities with decreased sensation, 3/5 strength in the lower extremities and an antalgic gait. X-rays and MRIs revealed cervical spondylosis and disc herniation at C4-5 and C6-7 with spinal stenosis, annular tear and disk herniation at L5-S1 with neural foraminal stenosis and degenerative disc disease at L4-5. Electromyogram and nerve conduction velocity studies documented multilevel cervical and lumbar radiculopathy. The claimant's musculoskeletal symptoms and pain persisted despite cervical and lumbar epidural nerve blocks and trigger point injections, sacroiliac injections, physical therapy, chiropractic treatment, a TENS unit, Percocet and Gabapentin. Exhibits 1F, 3F, 5F-8F, 11F, 12F, 14F, 17F, 22F 25F, 30F, 31F, 32F, 35F, 38F.

The claimant also had pain and numbness in his wrists and hands. Examination showed decreased sensation in the medial nerve distribution bilaterally. Electromyogram and nerve conduction velocity studies showed bilateral carpal tunnel syndrome. Exhibits 25F, 36F

The claimant suffered from migraine headaches with occipital neuralgia. These persisted despite occipital nerve blocks. Exhibits 25F, 36F.

Additionally, the claimant was treated for depression with anxiety characterized by sleep disturbance, low motivation, loss of interest, social withdrawal, suicidal ideation, difficulty

concentrating, fatigue, feelings of worthlessness and panic attacks. Examinations demonstrated a depressed and anxious mood, irritability, pressured speech, variable concentration and a pained and slowed posture and gait. He was prescribed Trazodone, Effexor and Latuda. Exhibits 7F, 9F, 13F, 37F.

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

The claimant has the following degree of limitation in the four broad areas of mental 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 limitations in understanding, remembering, or applying information, mild limitations in interacting with others, moderate limitations in concentrating, persisting, or maintaining pace, and no limitations in adapting or managing oneself.

5. The claimant has the residual functional capacity to perform sedentary work as defined in 20 CFR 404.1567(a) except he is limited to working part-time 3 to 4 hours in a workday; jobs allowing a sit/stand option at will; occasional overhead reaching; no constant handling and fingering and to simple, routine and repetitive tasks.

In making this finding, the undersigned has 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 SSR 96-4p. The undersigned has also considered opinion evidence in accordance with the requirements of 20 CFR 404.1527(d)(e)(f) and SSR 17-2p.

In considering the claimant's symptoms, the undersigned must follow a two-step process in which it must first be determined whether there is an underlying medically determinable physical or mental impairment(s)--i.e., an impairment(s) that can be shown by medically acceptable clinical or laboratory diagnostic techniques--that could reasonably be expected to produce the claimant's pain or other symptoms.

Second, once an underlying physical or mental impairment(s) that could reasonably be expected to produce the claimant's pain or other symptoms has been shown, the undersigned must evaluate the intensity, persistence, and effects of the claimant's symptoms to determine the extent to which they limit the claimant's work-related activities. For this purpose, whenever statements about the intensity, persistence, or functionally limiting effects of pain or other symptoms are not substantiated by objective medical evidence, the undersigned must consider other evidence in the record to determine if the claimant's symptoms limit the ability to do work-related activities.

The claimant testified that he has suffered chronic neck and low back pain, headaches and numbness in his arms and legs since he was involved in a motor vehicle accident in February 2015. He stated he can sit or stand for 15 minutes before needing to change positions due to his pain and numbness. The claimant noted he can lift 5 pounds. He testified he cannot bend over, squat or crawl. The claimant stated he cooks microwave meals and tries to rest throughout the

day. He reported that his roommate helps him take care of his son. Additionally, the claimant reports he is under a lot of stress due to his health problems and pain. He noted he has anxiety.

After careful consideration of the evidence, the undersigned finds that the claimant's medically determinable impairments could reasonably be expected to cause the alleged symptoms. The claimant's statements concerning the intensity, persistence and limiting effects of these symptoms are reasonably consistent with the medical evidence and other evidence in the record for the reasons explained in this decision.

As for the opinion evidence, in July 2016, Dr. Chappuis, an orthopedic surgeon, opined that the claimant was limited in daily activities and unable to work on a sustained basis due to his intractable neck and low back pain secondary to cervical and lumbar disc herniations. Exhibits 15F/1 and 19F. In February 2017, Dr. Runheim, a treating neurosurgeon, opined that the claimant is 100 percent disabled secondary to his chronic intractable pain, numbness and weakness. He also indicated that the claimant's physical residual functional capacity was less than "sedentary" work. Exhibits 21F, 22F, 25F/10. In April 2017, Dr. Collins, a rehabilitation specialist, opined that the claimant would benefit from frequent position changes, at will, in work situations in the future due to his degenerative disc disorder with cervical and lumbar pain. Exhibit 34F.

I give great weight to the conclusions of Drs. Chappuis, Runheim and Collins, as they are consistent with one another and well-supported by the treatment notes.

In February 2016, Dr. Ritterspach, a consultative psychologist, opined that the claimant had the ability to understand, retain and follow simple, work-related instructions. However, overall due to pain, concentration, memory deficits and anxiety, he would have difficulty attending and performing work tasks reasonably well. Exhibit 13F/2. I give substantial weight to this opinion as it is supported by the preponderance of the evidence in the record.

I give little weight to the findings of the State agency medical and psychological consultants as other opinions discussed above and additional evidence at the hearing level show that the claimant is more limited than the State agency determined.

Based on the preponderance of the evidence in the record, I find that the combination of the claimant's musculoskeletal and neurological impairments and associated symptoms and intractable, chronic pain limit him to lifting 10 pounds occasionally and 5 pounds frequently, standing/walking up to 2 hours in an 8-hour workday, working part-time 3 to 4 hours in a workday; jobs allowing a sit/stand option at will; occasional overhead reaching; and no constant handling and fingering. Additionally, the combination of the claimant's mental impairment and distracting effects of his chronic pain limit him to performing simple, routine and repetitive tasks. Accordingly, the claimant's residual functional capacity for performing the demands of even "sedentary" work on a regular and continuing basis is significantly eroded.

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

The claimant's past relevant work as a telephone solicitor (DOT 299.357-014) was "sedentary" in exertion with a SVP of 3; heating and air condition installer (DOT 637.2610-014) was "medium" in exertion with a SVP of 7; security guard (DOT 372.667-034) and sales clerk (DOT 290.477-014) light jobs with a SVP of 3 and merchandise deliverer (DOT 299.477-010) a "medium" job with a SVP of 2. The demands of the claimant's past relevant work exceed the residual functional capacity.

7. The claimant was a younger individual age 18-44 on the established disability onset date (20 CFR 404.1563).

8. The claimant has at least a high school education and is able to communicate in English (20 CFR 404.1564).

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

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) and 404.1566).

In determining whether a successful adjustment to other work can be made, the undersigned 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 decisionmaking 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 decisionmaking (SSR 85-15).

If the claimant had the residual functional capacity to perform the full range of sedentary work, considering the claimant's age, education, and work experience, a finding of "not disabled" would be directed by Medical-Vocational Rule 201.28. However, the additional limitations set forth above so narrow the range of work the claimant might otherwise perform that a finding of "disabled" is appropriate under the framework of this rule. This conclusion is supported by Social Security Rulings 96-8p and 96-9p.

11. The claimant has been under a disability as defined in the Social Security Act since February 3, 2015, the alleged onset date of disability (20 CFR 404.1520(g)).



DECISION

Based on the application for a period of disability and disability insurance benefits protectively filed on July 18, 2015, the claimant has been disabled under sections 216(i) and 223(d) of the Social Security Act since February 3, 2015, and his disability continues at least through the date of this decision.

Medical improvement is expected with appropriate treatment. Consequently, a continuing disability review is recommended in 18 months.

/s/ Kevin F. Foley

Kevin F. Foley
Administrative Law Judge

June 22, 2017

Date