



**SOCIAL SECURITY ADMINISTRATION**

Refer To: [REDACTED]

Office of Hearings and Appeals  
Atlanta North Office  
3105 Clairmont Road  
Atlanta, GA 30329

Date: MAY 24 2002

Alan [REDACTED]  
[REDACTED]  
[REDACTED]

**NOTICE OF DECISION – FULLY FAVORABLE**

I have made the enclosed decision in your case. Please read this notice and the decision carefully.

**This Decision is Fully Favorable To You**

Another office will process the decision and send you a letter about your benefits. Your local Social Security office or another may first ask you for more information. If you do not hear anything for 60 days, contact your local office.

**If You Disagree With The 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, if you choose to appoint one, must request the Appeals Council to review the decision. You must make the request in writing. You may use our Request for Review form, HA-520, or write a letter.

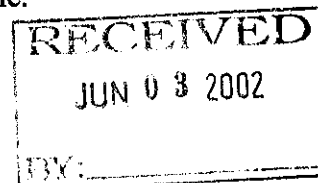
You may file your request at any local Social Security office or a hearing office. You may also mail your request right to the Appeals Council, Office of Hearings and Appeals, 5107 Leesburg Pike, Falls Church, VA 22041-3255. Please put the Social Security number shown above on any appeal you file.

**Time to File an Appeal**

To file an appeal, you must file your request for review **within 60 days** from the date you get this notice.

The Appeals Council assumes you got the notice 5 days after the date shown above unless you show you did not get it within the 5-day period. The Council will dismiss a late request unless you show you had a good reason for not filing it on time.

See Next Page



### **Time to Submit New Evidence**

You should submit any new evidence you wish to the Appeals Council to consider **with** your request for review.

### **How an Appeal Works**

Our regulations state the rules the Appeals Council applies to decide when and how to review a case. These rules appear in the Code of Federal Regulations, Title 20, Chapter III, Part 404 (Subpart J).

If you file an appeal, the Council will consider all of my decision, even the parts with which you agree. The Council may review your case for any reason. It **will** review your case if one of the reasons for review listed in our regulation exists. Section 404.970 of the regulation lists these reasons.

Requesting review places the entire record of your case before the Council. Review can make any part of my decision more or less favorable or unfavorable to you.

On review, the Council may itself consider the issues and decide your case. The Council may also send it back to an Administrative Law Judge for a new decision.

### **If No Appeal and No Appeals Council Review**

If you do not appeal and the Council does not review my decision on its own motion, you will not have a right to court review. My decision will be a final decision that can be changed only under special rules.

### **New Application**

You have the right to file a new application at any time, but filing a new application is not the same as appealing this decision. If you disagree with my decision and you file a new application instead of appealing, you might lose some benefits, or not qualify for any benefits. My decision could also be used to deny a new application for insurance benefits, if the facts and issues are the same. So, if you disagree with this decision, you should file an appeal within 60 days.

**If You Have Any Questions**

If you have any questions, you may call, write or visit any Social Security office. If you visit an office, please bring this notice and decision with you. The telephone number of the local office that serves your area is (770) 934-1320. Its address is 100 Crescent Center Parkway, Suite 800, Tucker GA 30084.

Jeffrey W. Kohlman  
Administrative Law Judge

cc: Jonathan Ginsberg  
P.O. Box 88956  
Atlanta, GA 30356

SOCIAL SECURITY ADMINISTRATION  
Office of Hearings and Appeals

ORDER

IN THE CASE OF

CLAIM FOR

[REDACTED]  
(Claimant)

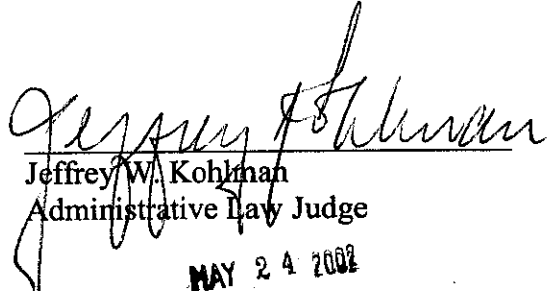
Period of Disability and  
Disability Insurance Benefits

\_\_\_\_\_  
(Wage Earner)

[REDACTED]  
(Social Security Number)

I approve the fee agreement between the claimant and her 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.

  
\_\_\_\_\_  
Jeffrey W. Kohlman  
Administrative Law Judge  
MAY 24 2002  
\_\_\_\_\_  
Date

**SOCIAL SECURITY ADMINISTRATION**  
**Office of Hearings and Appeals**

**DECISION**

**IN THE CASE OF**

**CLAIM FOR**

\_\_\_\_\_  
er  
(Claimant)

Period of Disability and  
Disability Insurance Benefits

\_\_\_\_\_  
(Wage Earner)

\_\_\_\_\_  
(Social Security Number)

This case is before me based upon a request for hearing filed after the claimant's current application was denied administratively. A hearing was held in this matter on May 8, 2002 in Atlanta (North), Georgia. The claimant appeared and testified. He was represented at the hearing by Jonathan Ginsberg, Attorney at Law. Also providing evidence at the hearing was a medical expert, Dr. Francis Buda. A vocational expert, Dian Haller-Kindoll, was present, but her input was not needed.

I have reviewed the overall evidence in this case, including the documentation in the record, the testimony at the hearing, and the arguments presented. I have considered the longitudinal progression of Mr. \_\_\_\_\_'s conditions, together with their effects upon his vocational functioning. I find his impairments do currently "disable" the claimant, precluding him from sustaining himself at his past relevant work or at any other jobs qualifying as substantial gainful activity. I further find that the claimant's disability is established dating back to his alleged onset date in October 1999.

In reaching the above conclusions, I have considered the findings of the Social Security Administration at earlier stages of consideration of this claim, including the assessments by State Agency non-examining medical consultants. However, such assessments are not consistent with the current overall record, which includes new evidence not available at the time of such previous assessments.

Mr. \_\_\_\_\_ has filed the requisite current application for the benefits now claimed. He alleges disability beginning October 12, 1999, and he states he has not engaged in substantial gainful activity since that time. He attempted work in 2000, but was able to persist for only a very short period. This was an unsuccessful work attempt. A review of the claimant's current earnings record establishes that he met the special earnings requirements for coverage under the Act on his alleged onset date, and that he continues to meet the requirements through the date of this decision.

Mr. [REDACTED] is a younger individual, born in August 1965. He completed high school. The claimant has work experience as a computer operator.

Mr. [REDACTED] describes severe headaches and syncopal episodes, if not actual seizures. Attempts at medication management have not been successful, with continuing complaints of poor balance, dizziness, and slurred speech. The claimant is depressed and anxious due to his medical condition and his continuing problems.



Dr. Buda testified as a medical expert at the hearing. He confirmed the record does detail the claimant's migraine headaches occurring at least twice weekly, together with other events described as seizures or pseudo-seizures. The documentation cited includes reports from treating sources and from emergency room visits. The record also confirms that attempts at medical/medication management have not been successful. The doctor opined that these events occurred at a frequency and level of severity that would preclude regular, reliable, and sustained work, and that the claimant's medical condition, as documented in this record, was equivalent to a listing level impairment.

I find Mr. [REDACTED]'s conditions are "severe" within the meaning of the Social Security Act, resulting in greater than slight restrictions to his capacity to function. In fact, his impairments are attended by medical findings, which are equivalent in severity to those of an impairment listed in Appendix 1 to Subpart P of Social Security Regulations No. 4. Mr. [REDACTED] is shown to suffer with medical problems equaling the requirements of Listing No. 11.03. His impairments restrict him, and they have precluded him from performing work activities for a period of greater than twelve continuous months.

I find that Mr. [REDACTED] is currently "disabled" within the meaning of the Social Security Act. Such disability has been present for a period of greater than twelve continuous months, extending from the claimant's alleged onset date through the date of this decision.

### FINDINGS

After careful consideration of the entire record, this Administrative Law Judge makes the following findings:

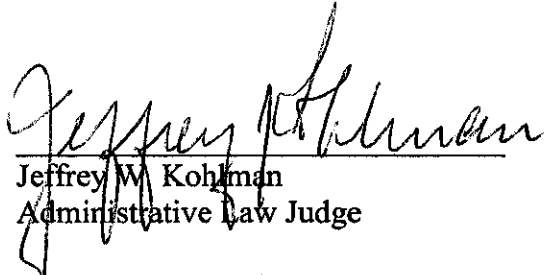
1. The claimant met the disability insured status requirements of the Act on October 12, 1999, the date the claimant states he became unable to work, and he continues to meet them through the date of this decision.
2. The claimant has not engaged in substantial gainful activity since at least his alleged onset date in October 1999.
3. The medical evidence establishes that the claimant suffers with severe medical problems involving persistent and frequent migraine headaches, together with seizures or pseudo-

seizures, as confirmed in the medical records, together with depression and anxiety associated with his medical condition.

4. The severity of the claimant's impairments is equivalent to the requirements of section 11.03, Appendix 1, Subpart P, Regulations No. 4, and it has precluded him from working for at least 12 continuous months.
5. The claimant has been under a "disability," as defined in the Social Security Act, since October 12, 1999.

DECISION

It is the decision of this Administrative Law Judge that, based on the application filed on May 11, 2000, the claimant is entitled to a period of disability commencing on October 12, 1999, and to disability insurance benefits under the provisions of Title II of the Social Security Act, as currently amended.

  
\_\_\_\_\_  
Jeffrey W. Kohlman  
Administrative Law Judge

\_\_\_\_\_  
MAY 24 2000  
Date