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SOCIAL SECURITY DISABILITY
WORKERS' COMPENSATION

June 5, 2014

Hon. Curtis Boren
ODAR North Atlanta
3105 Clairmont Rd.
Atlanta, GA 30329-1015

RE: xxx-xx-xxxx
Sam Smith

Dear Judge Boren:

I represent the claimant Sam Smith with regard to his claim for SSDI benefits. A hearing in this case is scheduled for 10:30 AM on Friday, June 16, 2014 in Gainesville, Georgia. Please allow this letter to serve as my pre-hearing brief in this case.

Claimant Smith applied for benefits on March 7, 2012. The claimant was terminated from his employment as a forklift driver at ABC Plastics on March 7, 2012, which makes this date his onset date as well.

According to the file, the claimant is insured through December 31, 2016, meaning that he is fully insured for Title II benefits through the date of the hearing.

Claimant Smith was born on November 1, 1968, meaning that he is 45 years old currently and was 43 years old as of his onset date. The claimant is 6'0 tall and weighs approximately 260 lbs. He is a high school graduate with 2 years of college but no degree.

Mr. Smith is a military veteran, having served in the United States Army from 1986 through 1989. Following his service in the military, the claimant worked in various warehouse jobs for 11 years in the DEF Company. He subsequently worked as a warehouse supervisor for the GHI Distribution Company from 2005 to 2008, and thereafter as an inventory control technician in the JKL textiles warehouse from 2008 through 2010. From November, 2010 through March, 2012, the claimant worked as a fork lift driver for the ABC Plastics Company.

The claimant contends that he cannot work because he experiences two to four episodes of neurocardiogenic syncope without warning during the course of a week. These episodes of passing out occur without warning and can happen at any time. Each episode leaves the claimant disoriented and exhausted such that he needs at least 2 to 4 hours for recovery. Associated with the episodes of syncope are severe headaches and dizziness. The claimant has also become significantly depressed because he can no longer work to support his family or engage in recreational activities.

The claimant will testify that he first experienced these episodes of passing out in 2000 and that from 2000 through 2011, he experienced this problem no more than once or twice a year. In early 2012, however the claimant had several episodes of syncope back to back and since March, 2012, his episodes recur 2 to 4 times per week.

The claimant no longer drives, and he experiences bouts of depression as he is no longer able to engage in activities such as coaching sports, or socializing (consultative evaluation by Dr. David Raque at 10F/3-4) and physical medicine consultative evaluation by Steve Odeh at 9F).

The claimant's primary treating physicians as well as his neurologist have noted a diagnosis of neurocardiogenic syncope that occurs with irregular, but consistent frequency (13F/9)

From February 21-23, 2012, the claimant was hospitalized at Oglethorpe Regional Medical Center after experiencing six episodes of syncope and severe headaches (5F/5-11).

On February 27, 2012, primary care physician Richard Sussuman noted "fainting spells" and migraine headaches that have been occurring for the past two weeks (6F/2).

On February 29, 2012 and again on March 9, 2012 the claimant was seen by cardiologist Elia Abdul who diagnosed syncope, dizziness and Bradycardia, and prescribed medicine and a change in diet (8F/8).

On March 8, 2012, neurologist Thomas Anderson of Georgia Neurology made a provisional diagnosis of "common migraine - intractable, partial epilepsy NEC, syncope and collapse which were to be treated with medicine (7F).

The claimant subsequently met with internist Abercrombe at Davis Family Medicine and later with Dr. David Harris and Dr. Anne Jackson at Happy Valley Health Clinic (a low cost clinic). Each of these physicians confirmed a diagnoses of neurocardiogenic syncope that occurs at irregular times but with consistency (13F/9).

The claimant also saw neurologist Archibald Leach at Grant Neurology who noted dizziness and a fainting sensation and diagnosed benign paroxysmal positional vertigo, epilepsy with complex partial seizures and major depressive disorder (17F/2) as well as syncope and collapse (17F/4).

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The claimant asserts that medication has helped somewhat with his recovery from the falling out episodes but the frequency and unpredictability of his syncope has not changed.

Because the claimant is likely to collapse at any time without warning, he would obviously not be able to perform any job that requires working at unprotected heights, on ladders, ropes or scaffolds or involving the use of dangerous equipment. Thus, the claimant's past work in a warehouse would be precluded.

Further, because the claimant would experience two to four unscheduled breaks during the course of a workday, followed by a two to four hour recovery period, his capacity to perform any work reliably would be so compromised that he would not be able to fulfil the demands of competitive work.

The claimant has been seen by a variety of physicians who document his episodes of syncope but who have not been able to offer much in the way of treatment. Because of financial issues the claimant has limited access to specialty care, although the claimant has been compliant with all suggested forms of treatment. .

Thank you for your consideration of this claim.

VERY TRULY YOURS,

GINSBERG LAW OFFICES, P.C.

by: JONATHAN C. GINSBERG

JCG:aa