IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF HAWAII

JOHN CHARLES SAWAGUCHI, Plaintiff, vs. CAROLYN W. COLVIN, Commissioner of Social Security, Defendant.	CIVIL 16-00255 LEK

ORDER DENYING PLAINTIFF'S APPEAL AND AFFIRMING THE ADMINISTRATIVE LAW JUDGE'S OCTOBER 31, 2014 DECISION

Before this Court is Plaintiff John Charles Sawaguchi's ("Plaintiff") Complaint for Review of Social Security Disability Benefits Determinations ("Complaint"), filed on May 20, 2016, in which he appeals from the Administrative Law Judge Tamara Turner-Jones's ("ALJ") October 31, 2014 Decision ("Appeal"). The ALJ issued the Decision after conducting a hearing on August 12, 2014. [Administrative Record ("AR") at 11.[1]] The ALJ ultimately concluded that Plaintiff was not disabled, for purposes of the Social Security Act ("SSA"), from March 24, 2010 through the date of the Decision. [Decision at 15.]

[1] The Decision is AR pages 11-25. All subsequent citations to the Decision refer to the page numbers of the Decision itself.

On September 23, 2016, Plaintiff filed his Opening Brief.[2] [Dkt. no. 22.] Defendant Carolyn W. Colvin, Commissioner of Social Security ("the Commissioner"), filed her Answering Brief on November 29, 2016, and Plaintiff filed his Reply Brief on December 15, 2016. [Dkt. nos. 24, 25.] This Court heard oral argument in this matter on January 23, 2017. On March 29, 2017, this Court issued an entering order ruling on the Appeal ("3/29/17 EO Ruling"). [Dkt. no. 31.] The instant Order supersedes the 3/29/17 EO Ruling. After careful consideration of the Appeal, the parties' briefs, the arguments of counsel, and the relevant legal authority, Plaintiff's Appeal is DENIED and the ALJ's Decision is AFFIRMED.

BACKGROUND

I. Factual Background

On October 26, 2007, Plaintiff filed a Title II application for disability insurance benefits, alleging a disability beginning December 29, 2006. The claim was denied, and Plaintiff requested a hearing. Administrative Law Judge Dean K. Franks ("2009 ALJ") held a hearing on December 11, 2009 ("2009 Hearing"), and issued a Decision on December 23, 2009

[2] On January 20, 2017, Plaintiff filed an amended version of his Opening Brief to correct erroneous citations to the Administrative Record. [Dkt. no. 29.]

("2009 Decision"). [AR at 94.[3]] The 2009 ALJ noted that Plaintiff had past relevant work as a union business representative/benefits clerk, recycler, furniture driver, forklift driver, and kitchen/interior designer. [2009 Decision at 9.]

The 2009 ALJ concluded that Plaintiff was disabled, as defined by the SSA, from October 18, 2007 through March 31, 2009. However, the 2009 ALJ found that Plaintiff had the ability to return to work as of April 1, 2009 through the date of the 2009 Decision, as a result of an exercise program to increase his back and leg strength.[4] [Id. at 10.] Thus, the 2009 ALJ concluded that Plaintiff's disability ended on April 1, 2009. [Id. at 12.]

On January 20, 2012, Plaintiff filed another Title II application for disability insurance benefits, alleging a disability beginning March 24, 2010. The claim was denied, initially and on reconsideration. On October 9, 2013, Plaintiff filed a written request for a hearing. At the August 12, 2014 hearing ("2014 Hearing"), Plaintiff was represented by

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[3] The 2009 Decision is AR pages 94 to 105. All subsequent citations to the 2009 Decision refer to the page numbers of the 2009 Decision itself.

[4] Although the 2009 ALJ found that Plaintiff's medical improvement made it possible for him to return to work as of April 1, 2009, Plaintiff apparently did not do so. See 2009 Decision at 5 (finding that Plaintiff had not engaged in substantial gainful activity since October 18, 2007).

Frank Ury, Esq. David Dettmer, an impartial vocational expert ("VE"), participated in the 2014 Hearing by telephone. [Decision at 1.]

The ALJ concluded that, for purposes of the current application for benefits, res judicata applied to the previously adjudicated period. As to the period after the adjudicated period in the 2009 Decision, the ALJ declined to adopt the 2009 ALJ's analysis and concluded that the 2009 Decision was not entitled to res judicata effect. The ALJ concluded that the presumption of continuing disability had been rebutted by a showing of changed circumstances relating to the issue of disability. The new, material evidence included Plaintiff's testimony at the 2014 Hearing and medical records after the date of the 2009 Decision. [Id. at 1-2.]

In the instant Appeal, Plaintiff agrees with the ALJ's findings in step one through four of the five-step sequential analysis to determine whether a claimant is disabled. [Opening Brief at 5.] Thus, the Court will only discuss the ALJ's findings as to those steps to the extent they are relevant to the issue in the Appeal.

At step one, the ALJ found that Plaintiff had not engaged in substantial gainful activity since March 24, 2010. [Decision at 4.] At step two, the ALJ found that Plaintiff had the following impairments that were considered severe: "post-

concussion syndrome; obesity; chronic pain syndrome; plantar fasciitis; degenerative joint disease; cervical, thoracic, and lumbar strain/sprain; right knee arthritis; affective disorder; status post carpal tunnel release; and anxiety disorder, not otherwise specified." [Id. (citation omitted).] At step three, the ALJ found that none of Plaintiff's impairments, either individually or in combination, met or medically equaled the severity of one of the impairments listed in 20 C.F.R. Part 404, Subpart P, Appendix 1. [Id. at 4-5.] At step four, the ALJ found that Plaintiff had

> the residual functional capacity [("RFC")] to perform less than a full range of sedentary work as defined in 20 CFR 404.1567(a). Specifically, the claimant can lift and/or carry up to 10 pounds; can stand and/or walk for two hours out of an eight-hour workday with customary breaks; can sit for six hours out of an eight-hour workday with customary breaks; would need to alternate positions between sitting and standing at one hour intervals for one to five minutes at the workstation; can occasionally kneel, stoop, crawl, and crouch; can occasionally climb ramps and stairs; can never climb ladders, ropes or scaffolds; can frequently use the upper extremities for fine and gross manipulations as well as reaching in all directions; should avoid unprotected heights and dangerous moving machinery; [would] need to avoid concentrated exposure to bright, blinking lights or prolonged direct sunlight due to headaches or migraines; can sustain concentration and attention, persistence and pace in two hour blocks of time to complete a normal workday; due to a low tolerance for stress, the individual would need a work environment that does not involve fast paced production or assembly line work, such as that involving a conveyor belt; would be able to interact and respond appropriately to supervisors and co-workers, but

> would need only occasional direct contact with the general public; she [sic] would be unable to do complex or detailed tasks, but would remain capable of understanding, remembering, and carrying out simple instructions.

[Id. at 6.] The ALJ also found that Plaintiff was unable to perform any of his past relevant work. [Id. at 13.]

At step five, the ALJ noted that, Plaintiff was within the category of "a younger individual age 18-44" on the alleged onset date, but, as of the date of the Decision, he was within the category of "a younger individual age 45-49." [Id.] Plaintiff "has at least a high school education and is able to communicate in English." [Id.] The ALJ concluded that she did not have to address whether Plaintiff had transferrable job skills because, based on the Medical-Vocational Rules, Plaintiff was not disabled, regardless of whether or not he had transferrable job skills. [Id. at 13-14.] The ALJ found that, in light of Plaintiff's age, education, work experience, and RFC, he "would be able to perform the requirements of representative occupations such as:" office helper, hand packager, and order clerk. [Id. at 14.] The ALJ found that these jobs existed in significant numbers in the national economy, even taking into account the partial erosion of the sedentary occupational base because Plaintiff has to be able to alternate between sitting and standing positions. [Id.] The ALJ therefore concluded that Plaintiff was "capable of making a successful adjustment to other

work that exists in significant numbers in the national economy" and that he was not disabled for purposes of the SSA. [Id. at 15.]

Plaintiff requested that the Appeals Council review the ALJ's Decision. [AR at 7.] On March 22, 2016, the Appeals Council denied his request for review, rendering the ALJ's Decision the Commissioner's final decision. [AR at 1-3.] The instant Appeal followed.

The sole issue in the Appeal is whether the ALJ erred because she did not give sufficient weight to the Department of Veterans Affairs ("VA") decision that Plaintiff is unemployable because of his service-connected disabilities. Plaintiff points to the VA Rating Decision dated November 11, 2013 ("11/11/13 VA Decision"). [AR at 322-24 (11/11/13 VA Decision); AR at 325-28 (letter to Plaintiff transmitting and explaining effect of the VA decision).] The 11/11/13 VA Decision states that Plaintiff served in the Air Force from June 3, 1992 to August 21, 1992. [AR at 322.] It concludes that Plaintiff is entitled to individual unemployment – *i.e.* his unemployability rating is one hundred percent – effective May 31, 2013, because he "is unable to secure or follow a substantially gainful occupation as a result of service-connected disabilities." [AR at 323, 326.] Specifically, the VA assigned the following ratings:

> A 20 percent evaluation is assigned for degenerative joint disease, right ankle. An

> evaluation of 20 percent is assigned for marked limited motion of the ankle.
>
> A 20 percent evaluation is assigned for degenerative joint disease, left ankle. An evaluation of 20 percent is assigned for marked limited motion of the ankle.
>
> A 10 percent evaluation is assigned for degenerative joint disease, status post shin splints with stress reaction distal femurs, right knee. An evaluation of 10 percent is granted for malunion of the tibia and fibula with slight knee or ankle disability. A higher evaluation of 20 percent is not warranted in the absence of moderate knee or ankle disability.
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> A 10 percent evaluation is assigned for degenerative joint disease, left foot. An evaluation of 10 percent is assigned whenever foot injury results in moderate symptoms. A higher evaluation of 20 percent is not warranted unless foot injury results in moderately severe symptoms.
>
> A 10 percent evaluation is assigned for degenerative joint disease, right foot. An evaluation of 10 percent is assigned whenever foot injury results in moderate symptoms. A higher evaluation of 20 percent is not warranted unless foot injury results in moderately severe symptoms.
>
> A 10 percent evaluation is assigned for degenerative joint disease, status post shin splints with stress reaction distal femurs, left knee. An evaluation of 10 percent is granted for malunion of the tibia and fibula with slight knee or ankle disability. A higher evaluation of 20 percent is not warranted in the absence of moderate knee or ankle disability.

[AR at 323-24.] The 11/11/13 VA Decision states that Plaintiff's "overall or combined rating is 60%. We do not add the individual percentages of each condition to determine your combined rating.

We use a combined rating table that considers the effect from the most serious to the least serious conditions." [AR at 326.]

Plaintiff argues that he received a thirty percent disability rating for his right lower extremity and the same for his left lower extremity, and the testimony at the 2014 Hearing before the ALJ addressed his upper and lower extremities. He testified that he "had bilateral shin splints since 1992 that have never gone away . . . [a]nd it's from my, my upper legs, my upper, you know, above my knees all the way to my toes." [AR at 42, 2014 Hrg. Trans. at 9.[5]] He also testified that his treatment for his lower extremities consists of shots for his lower extremities every three months. He gets Synvisc, corticosteroids, Lidocaine, and Prilocaine. [2014 Hrg. Trans. at 18-19.] Ultimately, the ALJ

> considered, and afforded some weigh[t to Plaintiff's] V.A. disability rating. Of significance, the undersigned notes that the V.A. uses a different standard for determining disability. Furthermore, [Plaintiff] was never assessed with a more than 20% rating for degenerative joint disease of the right ankle, the impairment [Plaintiff] alleges significantly impairs his mobility.

[Decision at 12 (citation omitted).]

In support of his request for Appeals Council review, Plaintiff argued that the ALJ applied the wrong standard in

[5] The 2014 Hearing Transcript is AR pages 32-63. All subsequent citations to the 2014 Hearing Transcript refer to the page numbers of the transcript itself.

considering his VA rating. The ALJ should have given the VA rating "great weight," unless she gave an adequate explanation why it was not entitled to great weight. Plaintiff argued that the ALJ's explanation was not sufficient.

Plaintiff makes the same arguments in the instant Appeal. Plaintiff urges this Court to reverse the ALJ's conclusion that he is not disabled, conclude that he is disabled, and remand the case for the immediate award of benefits. In the alternative, he asks this Court to remand the case for a new administrative hearing. Plaintiff also asks for an award of reasonable attorneys' fees and costs pursuant to 28 U.S.C. § 2412(d), as well as any other appropriate relief.

STANDARD

> A district court has jurisdiction pursuant to 42 U.S.C. § 405(g) to review final decisions of the Commissioner of Social Security. A final decision by the Commissioner denying Social Security disability benefits will not be disturbed by the reviewing district court if it is free of legal error and supported by substantial evidence. See 42 U.S.C. § 405(g); Ukolov v. Barnhart, 420 F.3d 1002, 1004 (9th Cir. 2005). "Substantial evidence means more than a scintilla but less than a preponderance." Smolen v. Chater, 80 F.3d 1273, 1279 (9th Cir. 1996) (citations omitted).[6] It is also "such relevant evidence as a reasonable mind might accept as adequate to support a conclusion." Id. Finally, "[w]here the evidence may reasonably support more than one

[6] Smolen has been superseded on other grounds by 20 C.F.R. § 404.1529(c)(3). See, e.g., Bachli v. Colvin, Case No. EDCV 14-1480 FFM, 2016 WL 625249, at *2 (C.D. Cal. Feb. 16, 2016).

interpretation, [the court] may not substitute [its] judgment for that of the Commissioner." Verduzco [v. Apfel], 188 F.3d [1087,] 1089 [(9th Cir. 1999)].

. . . .

"To establish a claimant's eligibility for disability benefits under the Social Security Act, it must be shown that: (a) the claimant suffers from a medically determinable physical or mental impairment 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 twelve months; and (b) the impairment renders the claimant incapable of performing the work that the claimant previously performed and incapable of performing any other substantial gainful employment that exists in the national economy." 42 U.S.C. § 423(d)(2)(A); Tackett v. Apfel, 180 F.3d 1094, 1098 (9th Cir. 1999). A claimant must satisfy both requirements in order to qualify as "disabled" under the Social Security Act. Tackett, 180 F.3d at 1098.

The Social Security regulations set forth a five-step sequential process for determining whether a claimant is disabled. Ukolov, 420 F.3d at 1003; see 20 C.F.R. § 404.1520. "If a claimant is found to be 'disabled' or 'not disabled' at any step in the sequence, there is no need to consider subsequent steps." Ukolov, 420 F.3d at 1003 (citations omitted in original). The claimant bears the burden of proof as to steps one through four, whereas the burden shifts to the Commissioner for step five. Tackett, 180 F.3d at 1098.

The five steps of the disability evaluation process are as follows:

> (i) At the first step, we consider your work activity, if any. If you are doing substantial gainful activity, we will find that you are not disabled.
>
> (ii) At the second step, we consider the medical severity of your impairment(s). If

> you do not have a severe medically determinable physical or mental impairment that meets the duration requirement in § 404.1509, or a combination of impairments that is severe and meets the duration requirement, we will find that you are not disabled.
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> (iii) At the third step, we also consider the medical severity of your impairment(s). If you have an impairment(s) that meets or equals one of our listings in appendix 1 of this subpart and meets the duration requirement, we will find that you are disabled.
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> (iv) At the fourth step, we consider our assessment of your residual functional capacity and your past relevant work. If you can still do your past relevant work, we will find that you are not disabled.
>
> (v) At the fifth and last step, we consider our assessment of your residual functional capacity and your age, education, and work experience to see if you can make an adjustment to other work. If you can make an adjustment to other work, we will find that you are not disabled. If you cannot make an adjustment to other work, we will find that you are disabled.

20 C.F.R. § 404.1520 (internal citations omitted).

Saragena v. Colvin, CIV. NO. 16-00322 BMK, 2017 WL 548911, at *1–2 (D. Hawai`i Feb. 10, 2017).

DISCUSSION

The VA has rated Plaintiff's unemployability as one hundred percent and his overall or combined service-connected disability as sixty percent. [11/11/13 VA Decision, AR at 323, 326.] The Ninth Circuit has stated:

> The ALJ must "ordinarily give great weight to a VA determination of disability." [McCartey v. Massanari, 298 F.3d 1072, 1075 (9th Cir. 2002).] While a VA disability decision "does not necessarily compel the SSA to reach an identical result, . . . the ALJ must consider the VA's finding in reaching his decision," because of the similarities between the VA disability program and the Social Security disability program. Id. However, because the two federal programs are not identical, "the ALJ may give **less weight** to a VA disability rating if he gives persuasive, specific, valid reasons for doing so that are supported by the record." Id. (emphasis added).

Hiler v. Astrue, 687 F.3d 1208, 1211 (9th Cir. 2012) (ellipse and emphasis in Hiler).

In McCartey, the Ninth Circuit held that the ALJ erred in disregarding the claimant's VA disability rating. 298 F.3d at 1076. However, in McCartey, the ALJ's decision did not even mention the VA rating, and the ALJ failed to discuss the condition that was the primary basis for the VA's rating. Id. at 1073, 1075. In contrast, the ALJ in the instant case expressly addressed the 11/11/13 VA Decision. The ALJ "considered, and afforded some weigh[t]" to it, [Decision at 12,] although the ALJ did not acknowledge the general rule that a VA disability decision is entitled to "great weight." After stating that she accorded the 11/11/13 VA Decision "some" weight, the ALJ noted that "the V.A. uses a different standard for determining disability" and that Plaintiff "was never assessed with a more than 20% rating for degenerative joint disease of the right ankle, the impairment [Plaintiff] alleges significantly impairs

his mobility." [Id.] Thus, the ALJ did address the 11/11/13 VA Decision, accorded it "some" weight, and gave two reasons why the VA decision was not entitled to more weight. The instant case is therefore distinguishable from McCartey.

Nevertheless, the Decision could have been better crafted, with a more detailed discussion of the ALJ's responsibility to give "persuasive, specific, valid reasons" – supported by the record – why she did not give the 11/11/13 VA Decision "great weight." In considering Plaintiff's Appeal, this Court must determine whether the limited analysis in the Decision is sufficient to constitute "persuasive, specific, valid reasons."

First, the ALJ was correct that a VA unemployability rating and a VA disability rating are not equivalent to a disability determination for purposes of the SSA. However, that alone is not a sufficient reason to depart from the general rule that a VA disability decision is entitled to "great weight." See Berry v. Astrue, 622 F.3d 1228, 1236 (9th Cir. 2010) (holding that the fact the rules governing the SSA and the VA differ "is not a persuasive, specific, valid reason for discounting the VA determination" (brackets, internal quotation marks, and citation omitted)).

Second, the ALJ explained that, in spite of the VA's ultimate rating of Plaintiff, and in spite of the fact that

Plaintiff alleged that it was a significant impairment, the VA never assigned more than a twenty percent rating to the degenerative joint disease in Plaintiff's right ankle. In addition to this specific example the ALJ cited as a reason for only according the 11/11/13 VA Decision "some" weight, the ALJ conducted a thorough review of the medical records that were the basis of the VA ratings decision. In particular, the ALJ discussed numerous instances where the VA records showed that Plaintiff's medical examinations did not support the severity of his medical complaints and that his conditions were being effectively managed. For example, the ALJ noted the following from the VA medical records:

-"[B]y late 2011 he was reporting difficulty walking and began to use a walking stick. Nevertheless, muscle strength was recorded at 5/5. He was noted to have plantar fasciitis, improved, degenerative joint disease of the ankle, and neuralgia. He was casted with a new custom orthotic." [Decision at 10 (citing AR at 766).]

-Tripler Army Medical Center ("Tripler") records stated that "October 2011 images of [Plaintiff's] bilateral tibia/fibula taken in response to pain complaints showed no acute osseous injury. Bilateral ankle images showed only minimal degenerative or post-traumatic changes. Bilateral hip x-rays were also normal; as were images of the knees apart from moderate degenerative changes." [Id. (citing AR at 783-85, 787-89).] As to one of the Tripler records, the ALJ noted, "[d]espite significant physical complaints, physical examination findings were generally normal." [Id. (citing AR at 865).[7]]

[7] The record that the ALJ referred to is an August 11, 2011 record from the Tripler Orthopedic Clinic when Plaintiff "present[ed] with a chronic issue of bilateral hip pain." [AR at (continued...)

-Tripler records from early 2012 showed that, "[a]lthough [Plaintiff] continued to present for treatment reporting significant pain, physical examination findings were generally mild and included findings of no acute distress, orientation x 4, and ambulation to the treatment room. Records from this period indicate the [Plaintiff's] condition was good and stable." [Id. at 10-11 (citing AR at 804, 813).]

-"In January 2013 [Plaintiff] reported a humming and burning sensation in his legs bilaterally. He was diagnosed with a differential diagnosis of peripheral neuropathy/radiculopathy; and a NCS/EMG was ordered. The EMG/NCS findings noted normal findings with no evidence of peripheral neuropathy." [Id. at 11 (citing AR at 1097-98).]

-"Updated April 2013 bilateral ankle x-rays showed no significant joint or bony abnormality and stable findings since September 2010. Bilateral foot images were also benign." [Id. (citing AR at 1103-06).]

The ALJ also discussed the disability forms submitted by Eddie Soliai, M.D., a VA physician. The ALJ ultimately "afforded only some weight" to Dr. Soliai's "total and permanent disability form and disability statement." [Id. at 12 (citing AR at 1290-91, 1448-49).] The ALJ reasoned that:

> [Dr. Soliai] indicates [Plaintiff's] primary basis of disability is fibromyalgia; however, the records failed to objectively demonstrate a diagnosis of fibromyalgia. Fibromyalgia is a disorder defined by the American College of Rheumatology (ACR) and the Social Security

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[7](...continued)
865.] According to Plaintiff, "his hip felt like it 'exploded', while running one day in May" and he described the pain since then as six or seven on a scale of one to ten. [Id.] The physician assistant recommended physical therapy, but noted that the etiology of the hip pain was unknown, and "it [did] not appear that he [had] any significant arthritis in his hip joints, he [had] slight weakness with adduction; however, most of his physical exam [was] otherwise normal." [Id.]

> Administration recognizes it as medically determinable if there are signs that are clinically established by the medical record. The signs are primarily the tender points. The ACR defines the disorder in patients as "widespread pain in all four quadrants of the body for a minimum duration of 3 months and at least 11 of the 18 specified tender points which cluster around the neck and shoulder, chest, hip, knee, and elbow regions." Other typical symptoms, some of which can be signs if they have been clinically documented over time, are irritable bowel syndrome, chronic headaches, temporomandibular joint dysfunction, sleep disorder, severe fatigue, and cognitive dysfunction.
>
> Based on the above-described criteria, the undersigned finds fibromyalgia is not a medically determinable impairment in this case because there are no such signs documented in the medical record. Furthermore, [Plaintiff's] significant activities of daily living, including riding a bike, swimming, gardening, walking 3000 steps daily and more, all performed during the period at issue, illustrate that pain associated with his medical condition does not render him disabled.

[Id.]

Reading the ALJ's Decision as a whole, this Court CONCLUDES that – although it is not clearly stated in the ALJ's discussion of the 11/11/13 VA Decision – the ALJ declined to give the 11/11/13 VA Decision "great weight" because the VA decision was not adequately supported by the VA medical records. This Court agrees with the ALJ's interpretation of the VA medical records and this Court concludes that the inferences the ALJ drew from the VA records were reasonable. This Court therefore CONCLUDES that the VA medical records support the ALJ's rejection of the 11/11/13 VA Decision.

The lack of medical support for the 11/11/13 VA Decision, when considered in light of the differences between VA disability standard and the SSA disability standard, constitutes a "persuasive, specific, valid reason[]," supported by the record, why the 11/11/13 VA Decision is not entitled to "great weight." This Court therefore CONCLUDES that the ALJ did not err when she afforded only "some" weight to the 11/11/13 VA Decision. Further, this Court CONCLUDES that the ALJ's Decision is supported by substantial evidence and is not based on legal error.[8] See § 405(g); Ukolov, 420 F.3d at 1004.

CONCLUSION

On the basis of the foregoing, Plaintiff's appeal of the Administrative Law Judge's October 31, 2014 Decision is HEREBY DENIED, and the Decision is HEREBY AFFIRMED. There being no remaining issues in this case, the Court DIRECTS the Clerk's Office to enter judgment and close the case on **May 19, 2017**, unless Plaintiff files a motion for reconsideration of this Order by **May 15, 2017**.

IT IS SO ORDERED.

DATED AT HONOLULU, HAWAII, April 28, 2017.

[8] Because Plaintiff has failed to identify any ground that warrants reversal of the ALJ's Decision, it is not necessary to address either Plaintiff's arguments regarding the scope of remand or Plaintiff's request for attorneys' fees and costs.

/s/ Leslie E. Kobayashi
Leslie E. Kobayashi
United States District Judge

JOHN CHARLES SAWAGUCHI VS. CAROLYN W. COLVIN; CIVIL 16-00255 LEK-KSC; ORDER DENYING PLAINTIFF'S APPEAL AND AFFIRMING THE ADMINISTRATIVE LAW JUDGE'S OCTOBER 31, 2014 DECISION