

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation
Against:**

EDWARD MICHAEL LINZEY, M.D.)

Case No. 800-2015-013454

**Physician's and Surgeon's
Certificate No. A25389**

Respondent

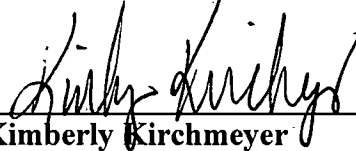
DECISION

**The attached Stipulated Surrender of Certificate is hereby adopted as
the Decision and Order of the Medical Board of California, Department of
Consumer Affairs, State of California.**

This Decision shall become effective at 5:00 p.m. on June 7, 2018.

IT IS SO ORDERED May 31, 2018.

MEDICAL BOARD OF CALIFORNIA

By: 
Kimberly Kirchmeyer
Executive Director

1 XAVIER BECERRA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 MARGARET J. PHE
Deputy Attorney General
4 State Bar No. 207205
300 South Spring Street, Suite 1702
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7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2015-013454

13 **EDWARD MICHAEL LINZEY, M.D.**
23 Sonrisa
14 Irvine, California 92620

**STIPULATED SURRENDER OF
CERTIFICATE**

15 Physician's and Surgeon's Certificate A 25389,
16 Respondent.

17 In the interest of a prompt and speedy resolution of this matter, consistent with the public
18 interest and the responsibility of the Medical Board of California, Department of Consumer
19 Affairs (Board), the parties hereby agree to the following Stipulation for Surrender of Certificate
20 which will be submitted to the Board for its approval and adoption as the final disposition of Case
21 No. 800-2015-013454.

22 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical
23 Board of California, Department of Consumer Affairs, who brought this action solely in her
24 official capacity. She is represented in this matter by Xavier Becerra, Attorney General of the
25 State of California, by Margaret J. Phe, Deputy Attorney General.

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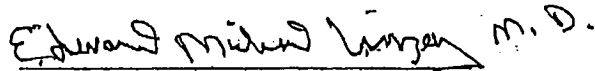
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1 physician and surgeon in the State of California and, if I have not already done so, I also will
2 cause to be delivered to the Board both my license and wallet certificates on or before the
3 effective date of the Decision.

4
5 Dated:

5/17/2018



EDWARD MICHAEL LINZEY, M.D.

Respondent

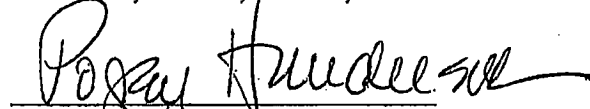
APPROVAL

9 I have read and fully discussed with Respondent Edward Michael Linzey, M.D., the terms
10 and conditions and other matters contained in the Stipulation for Surrender of Certificate. I
11 approve its form and content.

12 Dated:

5/18/18

La Follette, Johnson, DeHaas, Fesler & Ames



DENNIS K. AMES

POGEY HENDERSON

Attorneys for Respondent

ENDORSEMENT

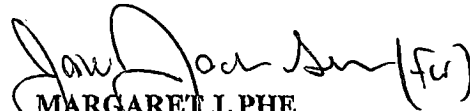
17 The foregoing Stipulation for Surrender of Certificate is respectfully submitted for
18 consideration by the Medical Board of California, Department of Consumer Affairs.

19 Dated:

5/18/18

XAVIER BECERRA

Attorney General of California



MARGARET J. PHE

Deputy Attorney General

Attorneys for Complainant

EXHIBIT A

1 XAVIER BECERRA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 MARGARET J. PHE
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7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO MARCH 1 2018
BY: [Signature] ANALYST

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 8002015013454

12 EDWARD MICHAEL LINZEY, M.D.

A C C U S A T I O N

13 23 Sonrisa
14 Irvine, California 92620

15 Physician's and Surgeon's Certificate A 25389,

16 Respondent.

17 Complainant alleges:

18 **PARTIES**

19 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
20 capacity as the Executive Director of the Medical Board of California (Board).

21 2. On July 2, 1973, the Medical Board issued Physician's and Surgeon's Certificate
22 Number A 25389 to Edward Michael Linzey, M.D. (Respondent). That license was in full force
23 and effect at all times relevant to the charges brought herein and will expire on July 31, 2018,
24 unless renewed.

25 **JURISDICTION**

26 3. This Accusation is brought before the Board under the authority of the following
27 laws. All section references are to the Business and Professions Code (Code) unless otherwise
28 indicated.

1 4. The Medical Practice Act ("Act") is codified at sections 2000-2521 of the Business
2 and Professions Code.

3 5. Pursuant to Code section 2001.1, the Board's highest priority is public protection

4 6. Section 2004 of the Code states:

5 "The board shall have the responsibility for the following:

6 "(a) The enforcement of the disciplinary and criminal provisions of the Medical
7 Practice Act.

8 "(b) The administration and hearing of disciplinary actions.

9 "(c) Carrying out disciplinary actions appropriate to findings made by a panel or an
10 administrative law judge.

11 "(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of
12 disciplinary actions.

13 "(e) Reviewing the quality of medical practice carried out by physician and surgeon
14 certificate holders under the jurisdiction of the board.

15 "..."

16 7. Section 2227 of the Code provides that a licensee who is found guilty under the
17 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
18 one year, placed on probation and required to pay the costs of probation monitoring, or such other
19 action taken in relation to discipline as the Board deems proper.

20 8. Section 2234 of the Code, states:

21 "The board shall take action against any licensee who is charged with unprofessional
22 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
23 limited to, the following:

24 "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
25 violation of, or conspiring to violate any provision of this chapter.

26 "(b) Gross negligence.

27 "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
28 omissions. An initial negligent act or omission followed by a separate and distinct departure from

1 the applicable standard of care shall constitute repeated negligent acts.

2 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate
3 for that negligent diagnosis of the patient shall constitute a single negligent act.

4 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
5 constitutes the negligent act described in paragraph (1), including, but not limited to, a
6 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the
7 applicable standard of care, each departure constitutes a separate and distinct breach of the
8 standard of care.

9 “(d) Incompetence.

10 “(e) The commission of any act involving dishonesty or corruption which is substantially
11 related to the qualifications, functions, or duties of a physician and surgeon.

12 “(f) Any action or conduct which would have warranted the denial of a certificate.

13 “(g) The practice of medicine from this state into another state or country without meeting
14 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
15 apply to this subdivision. This subdivision shall become operative upon the implementation of the
16 proposed registration program described in Section 2052.5.

17 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
18 participate in an interview by the board. This subdivision shall only apply to a certificate holder
19 who is the subject of an investigation by the board.”

20 9. Section 820 of the Code states:

21 "Whenever it appears that any person holding a license, certificate or permit under this
22 division or under any initiative act referred to in this division may be unable to practice his or her
23 profession safely because the licentiate's ability to practice is impaired due to mental illness, or
24 physical illness affecting competency, the licensing agency may order the licentiate to be
25 examined by one or more physicians and surgeons or psychologists designated by the agency.
26 The report of the examiners shall be made available to the licentiate and may be received as direct
27 evidence in proceedings conducted pursuant to Section 822."

28 10. Section 822 of the Code states:

1 "If a licensing agency determines that its licensee's ability to practice his or her
2 profession safely is impaired because the licensee is mentally ill, or physically ill affecting
3 competency, the licensing agency may take action by any one of the following methods:

4 "(a) Revoking the licensee's certificate or license.

5 "(b) Suspending the licensee's right to practice.

6 "(c) Placing the licensee on probation.

7 "(d) Taking such other action in relation to the licensee as the licensing agency in its
8 discretion deems proper.

9 "The licensing section shall not reinstate a revoked or suspended certificate or license until
10 it has received competent evidence of the absence or control of the condition which caused its
11 action and until it is satisfied that with due regard for the public health and safety the person's
12 right to practice his or her profession may be safely reinstated."

13 **FIRST CAUSE FOR DISCIPLINE**

14 (Gross Negligence)

15 11. Respondent is subject to disciplinary action under section 2234, subdivision (b), of
16 the Code in that he was grossly negligent in the care and treatment of Patient 1. The
17 circumstances are as follows:

18 12. On or about August 17, 2006, Respondent established care with Patient 1 for
19 prenatal care of a twin pregnancy. During the pregnancy, an ultrasound revealed a 7.7 cm left
20 pelvic cystic mass, which appeared to be separate from the left ovary.

21 13. On or about February 23, 2007, Patient 1 underwent a Cesarean section for
22 delivery of the twins. However, no cyst was visualized in her pelvis at that time.

23 14. In July 2009, Patient 1 presented to Respondent's office with another pregnancy.

24 15. On or about September 28, 2009, a repeat in-office ultrasound was performed and
25 again revealed a pelvic cyst measuring approximately 8 cm.

26 16. On February 2, 2010, Patient 1 underwent a Cesarean section, but no cyst was
27 found.

28 17. On or about July 29, 2011, Patient 1 returned to Respondent's office for a routine

1 exam. An in-office ultrasound revealed a 7.3 cm cyst in the left pelvis. Respondent prescribed
2 the patient birth control pills and instructed her to return in three to four months.

3 18. On October 3, 2011, Patient 1 returned to Respondent's office. Respondent
4 documented that the cyst was unchanged, and he diagnosed the patient with persistent ovarian or
5 paraovarian¹ cyst. Respondent also referred Patient 1 to a physician who performed robotic-
6 assisted ovarian cystectomy.²

7 19. On January 23, 2012, Patient 1 returned to Respondent's office. Respondent noted
8 that the cyst was unchanged. Respondent again referred Patient 1 to the physician who performed
9 robotic-assisted ovarian cystectomy. However, the physician was reportedly unable to perform
10 the surgery since he was moving to out of state. Respondent then recommended that he perform
11 the surgery himself through a laparotomy³ incision. Patient 1 eventually agreed to Respondent
12 performing the surgery, which was scheduled for April 6, 2012.

13 20. On March 29, 2012, Patient 1 signed a consent for surgery form. On April 2,
14 2012, Respondent performed Patient 1's preoperative history and physical.

15 21. On April 6, 2012, Respondent performed an exploratory laparotomy on the patient
16 under general anesthesia. The diagnosis was a left ovarian cyst.⁴ The patient consent was for a
17 laparotomy, ovarian cystectomy and possible left oophorectomy.⁵ During the surgery, both
18 ovaries and tubes were normal. A retroperitoneal⁶ presacral⁷ mass was noted that was the

19 ¹ A paraovarian cyst is adjacent or in proximity to the ovary.

20 ² Cystectomy refers to the removal of a cyst.

21 ³ A laparotomy is a surgical incision into the abdominal cavity used to examine the
22 abdominal organs and aid diagnosis.

23 ⁴ A cyst is a closed sac with a defined membrane and division on the nearby tissue. Cysts
may contain fluid, air or semisolid material.

24 ⁵ Oophorectomy is the surgical removal of an ovary or ovaries.

25 ⁶ Retroperitoneal refers to behind or external to the peritoneum (the smooth serous
26 membrane which lines the cavity of the abdomen).

27 ⁷ The anterior aspect of the sacrum, which is a triangular bone in the lower back formed
28 from fused vertebrae and situated between the two hipbones of the pelvis.

1 approximate diameter of the cystic mass noted on the previous ultrasounds. Respondent, with the
2 assistance of another physician, opened the patient's retroperitoneal space, partially dissected the
3 mass, but found it difficult to mobilize. Respondent then aspirated fluid from the mass and
4 opened the wall of the mass. Respondent removed approximately 60% of the wall with the
5 remaining portion left intact and open. Postoperatively, Patient 1 began having complications.
6 She complained of bladder pain, feeling cold, and headaches.

7 22. On April 16, 2012, Patient 1 complained of a headache, which Respondent felt
8 could be a spinal headache. Respondent was concerned that the cyst was in fact a meningocele⁸
9 so he ordered a magnetic resonance imaging (MRI)⁹ and referred Patient 1 to a neurosurgeon.
10 The MRI was consistent with congenital¹⁰ hypoplasia¹¹ of the sacrum below S3¹² level with
11 continuation of the thecal¹³ sac into the pelvic space and a 6.2 cm meningocele present. The
12 pathology report showed histologic features of a myelomeningocele.¹⁴ Patient 1 continued to
13 have worsening headaches, bladder dysfunction, bladder pain, and sacral pain. Patient 1
14 subsequently started treatment with a urologist for urinary urgency, frequency, incontinence, and
15 bladder pain. Her spinal headaches continued to be difficult to manage due to continued leakage
16 of spinal fluid from the unroofed meningocele. A repair of the sacral meningocele was eventually
17 performed by a neurosurgeon. However, Patient 1 continued to experience headaches post-
18 operatively as a result of the changes in the cerebral spinal fluid pressure. She was treated with

19 ⁸ A meningocele is a protrusion of the meninges (the three membranes covering the brain
20 and spinal cord) through an opening in the skull or spinal column, forming a bulge or sac filled
with cerebrospinal fluid.

21 ⁹ An MRI is a noninvasive diagnostic technique that produces computerized images of
22 internal body tissues and is based on nuclear magnetic resonance of atoms within the body
induced by the application of radio waves.

23 ¹⁰ Congenital refers to present from birth.

24 ¹¹ Hypoplasia is underdevelopment or incomplete development of a tissue or organ.

25 ¹² S3 refers to the third sacral vertebrae.

26 ¹³ Thecal is the loose sheath enclosing the spinal cord.

27 ¹⁴ Myelomeningocele is the protrusion of the spinal cord and its membranes through a
28 defect in the vertebral column.

1 Diamox,¹⁵ but may require a shunt to control the elevated intracranial pressure resulting from her
2 body producing more spinal fluid than necessary.

3 23. On April 6, 2012, while performing Patient 1's surgery, Respondent should have
4 requested an intraoperative consult with a general surgeon or neurosurgeon when he did not find
5 any abnormality with the gynecologic organs and when he did not find a retroperitoneal presacral
6 mass upon further examination in the pelvis. If an intraoperative consult was unavailable,
7 Respondent should have documented the location and size of the mass and closed the patient up.
8 Respondent committed an extreme departure from the standard of care when he proceeded to
9 open Patient 1's retroperitoneal space, open the mass, and try to drain cerebrospinal fluid from the
10 area, which created significant risk of neurological injury to Patient 1 and was outside the scope
11 of practice for an obstetrician/gynecologist.

12 SECOND CAUSE FOR DISCIPLINE

13 (Incompetence)

14 24. Respondent is subject to disciplinary action under section 2234, subdivision (d), of
15 the Code in that Respondent demonstrated his lack of knowledge for proceeding to do a surgical
16 procedure on Patient 1 that was completely outside the scope of practice for an
17 obstetrician/gynecologist.

18 25. The facts and circumstances set forth in paragraphs 12 through 23 are incorporated
19 by reference as if set forth in full herein.

20 THIRD CAUSE FOR DISCIPLINE

21 (Unprofessional Conduct)

22 26. Respondent is subject to disciplinary action under section 2234 of the Code in that
23 he committed acts of unprofessional conduct.

24 27. The facts and circumstances set forth in paragraphs 12 through 24 are incorporated
25 by reference as if set forth in full herein.

26 ¹⁵ Acetazolamide, sold under the trade name Diamox, is a carbonic anhydrase inhibitor
27 that is used to treat glaucoma, epileptic seizures, benign intracranial hypertension and altitude
28 sickness. It is also used to decrease generation of cerebrospinal fluid in benign intracranial
hypertension.

1 **FOURTH CAUSE FOR DISCIPLINE**

2 (Physical and Mental Incompetency)

3 28. Respondent's license is subject to disciplinary action under sections 820 and 822
4 of the Code in that his ability to practice his profession safely is impaired due to mental or
5 physical illness affecting competency.

6 **PRAYER**

7 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,
8 and that following the hearing, the Medical Board of California issue a decision:

- 9 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 25389,
10 issued to Edward Michael Linzey, M.D.;
- 11 2. Revoking, suspending or denying approval of his authority to supervise physician
12 assistants and advanced practice nurses;
- 13 3. If placed on probation, ordering him to pay the Board the costs of probation
14 monitoring; and
- 15 4. Taking such other and further action as deemed necessary and proper.

16
17 DATED: March 1, 2018


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
State of California
Complainant

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