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

In the Matter of the Accusation Against:	)	
Susan Yoomie Lee, M.D.	)	**Case No. 800-2016-022988**
Physician's and Surgeon's Certificate No. A117131	)	
Respondent	)	

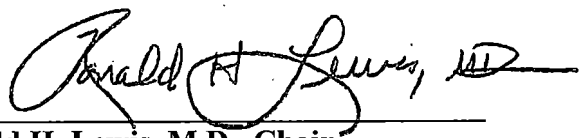
DECISION

The attached Stipulated Settlement and Disciplinary Order 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 March 13, 2020.

IT IS SO ORDERED February 13, 2020

MEDICAL BOARD OF CALIFORNIA

By: 

Ronald H. Lewis, M.D., Chair
Panel A

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

In the Matter of the Accusation Against: SUSAN YOOMIE LEE, M.D. c/o Kaiser Permanente 10850 Arrow Route Rancho Cucamonga, CA 91730 Physician's and Surgeon's Certificate A 117131, Respondent.	Case No. 800-2016-022988 OAH No. 2019071270 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Chris Leong, Deputy Attorney General.

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2. Respondent Susan Yoomie Lee, M.D. (Respondent) is represented in this proceeding by attorney Paul Spackman, whose address is 28441 Highridge Road, Suite 201, Rolling Hills Estates, California 90274.

3. On June 1, 2011, the Board issued Physician's and Surgeon's Certificate No. A 117131 to Susan Yoomie Lee, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2016-022988, and will expire on June 30, 2021, unless renewed.

JURISDICTION

Accusation No. 800-2016-022988 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 8, 2019. Respondent filed a timely Notice of Defense contesting the Accusation.

4. A copy of Accusation No. 800-2016-022988 is attached as Exhibit A and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2016-022988. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2016-022988, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up her right to contest those charges.

10. Respondent agrees that her Physician's and Surgeon's Certificate is subject to discipline and she agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

1. PUBLIC REPRIMAND.

IT IS HEREBY ORDERED THAT Physician's and Surgeon's Certificate No. A 117131 issued to Respondent Susan Yoomie Lee, M.D. is publicly reprimanded pursuant to Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand is issued in connection with the allegations relating to Respondent's care and treatment of Patient 1, as set forth in Accusation No. 800-2016-022988.

2. EDUCATION COURSE.

Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational programs or courses that shall not be less than 40 hours per year, for each year of probation. The educational programs or courses shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational programs or courses shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the

Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

4. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of

medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed.

5. FAILURE TO COMPLY.

Any failure of Respondent to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary action.

In addition, if Respondent fails to comply with the terms and conditions of the Disciplinary Order, within 60 days after Respondent has been notified of the failure to comply, Respondent shall participate in a professional enhancement program approved in advance by the Board or its designee, which shall include quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense until the Board or its designee determines that further participation is no longer necessary.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Paul Spackman. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 1/14/2020

SUSAN YOOMIE LEE, M.D.
Respondent

I have read and fully discussed with Respondent Susan Yoomie Lee, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 1/14/2020

PAUL SPACKMAN
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: 1/14/2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

CHRIS LEONG
Deputy Attorney General
Attorneys for Complainant

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

In the Matter of the Accusation Against: Susan Yoomie Lee, M.D. Kaiser Permanente 10850 Arrow Route Rancho Cucamonga, CA 91730 Physician's and Surgeon's Certificate No. A 117131, Respondent.	Case No. 800-2016-022988 **A C C U S A T I O N**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about June 1, 2011, the Medical Board issued Physician's and Surgeon's Certificate Number A 117131 to Susan Yoomie Lee, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2019, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following

laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

5. Section 2004 of the Code states:

"The board shall have the responsibility for the following:

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

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

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

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

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

"(f) Approving undergraduate and graduate medical education programs.

"(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

"(h) Issuing licenses and certificates under the board's jurisdiction.

"(i) Administering the board's continuing medical education program."

6. Section 2234 of the Code, states:

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

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

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

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

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

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially

related to the qualifications, functions, or duties of a physician and surgeon.

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

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

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

7. Section 2266 of the Code states:

"The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

8. Respondent is subject to disciplinary action under Code section 2234, subdivision (b), in that she was grossly negligent in her care and treatment of a patient (the Patient). The circumstances are as follows:

9. On September 16, 2011, the Patient, a fourteen year-old female, was seen by another physician who was a co-worker of Respondent, for left lower extremity pain with symptoms for the prior nine months. During that time, the Patient had reported exercising 150 minutes per week at a moderate to strenuous level. At that time the Patient had a normal lumbosacral x-ray, was diagnosed with sciatica, and referred for physical therapy, which she attended at least once on September 19, 2011.

10. In or around 2012, Respondent started caring for the Patient as primary care provider. The Patient had a significant psychiatric history documented since 2007, including depression, an eating disorder, suicide attempts, self-injurious behaviors, possible sexual abuse, as well as episodes of inappropriate ingestion of certain medications/substances (many of these requiring hospitalizations, including in the intensive care unit).

11. On October 12, 2012, Respondent saw the Patient for a lab check on Abilify. Respondent ordered unnecessary labs on top of those ordered by Psychiatry, and ordered a test for herpes simplex virus (HSV) as part of a Sexually Transmitted Disease (STD) screen. However, Respondent did not order a pregnancy test nor direct counseling regarding pregnancy and STDs.

12. On October 16, 2012, Respondent saw the Patient. She diagnosed the Patient with otitis media and bronchitis and prescribed antibiotics, despite both conditions having benign presentations.

13. On November 7, 2012, Respondent saw the Patient and started to wean the Patient off Abilify without consulting the Patient's treating psychiatrist. This was despite the fact that the Patient was a teenager with a significant psychiatric history, including having harmed herself multiple times.

14. On June 11, 2014, Respondent saw the Patient and noted a history of recurrent left lower extremity pain off and on for over three (3) years, sometimes numbness/tingling, sometimes muscle tightness and "Charlie horses," worsening in the prior two months, with a pain level of 7-8 out of 10. She was diagnosed with muscle spasm and treated with meloxicam, a non-steroidal anti-inflammatory (NSAID), and home stretching instructions.

15. On September 5, 2014, the Patient was seen by another physician who was a co-worker of Respondent. The Patient presented with the complaint of coccyx pain after an increase in exercise (including riding a bicycle and doing squats), as well as some constipation, numbness in thighs, and tingling in her tailbone area. These were considered to be related to a strain from recent exercise and diagnosed as paresthesias, constipation, and coccyx pain. Again she was treated with non-steroidal anti-inflammatories (this time an injection of Toradol, followed by oral ibuprofen) and medications for the constipation (stool softener Colace and laxative Miralax).

16. On September 6, 2014, the Patient called the clinic and spoke with the triage nurse. She reported persistent "sciatic pain with numbness at rectum and down legs to knee" without improvement of the constipation symptoms, no bowel movement (BM) since the day before. She also reported that she started the constipation medications. The nurse's note lists Metamucil (a fiber supplement), but the Patient was prescribed Miralax (a laxative). The nurse noted that the

physician could follow up directly with the Patient as necessary. There is no note in the record provided after this phone call indicating that anyone followed up with the Patient.

17. On September 24, 2014, the Patient returned to see the Respondent. She complained of the persistent tailbone pain from the prior visit, and stated it had improved after treatment and was now at 2 out of 10 pain level, though constant. This time she also reported numbness and decreased sensation in her "vaginal area" and buttocks since that visit, in addition to symptoms of both urinary and fecal incontinence. The urinary incontinence appeared to occur with increases in intra abdominal pressure (i.e., "stress incontinence"), such as laughing and coughing. The fecal incontinence was intermittent. She stated that since the last visit she "took a bunch of medications" to help with the constipation and did not have constipation symptoms anymore. However, she also mentioned vomiting. Decreased sensation was found in her medial thigh on the right more than left and normal elsewhere. There was no rectal exam conducted. There was no specific diagnosis documented beyond the above symptoms (coccyx pain, fecal and urinary incontinence, numbness of the skin, constipation), but the Respondent noted that she considered the Patient's symptoms to be most likely due to a "muscle strain with pinched nerve." The plan included x-rays of the sacrum, coccyx, and abdomen, lab tests for urinary tract infection, pregnancy, vitamin deficiencies (namely B6, B12, and D), STDs (namely chlamydia and gonorrhea), as well as basic blood panels (blood cells, electrolytes, renal and thyroid function). She was also treated with systemic corticosteroids, an injectable dose followed by a course of oral treatment. The chart documented generic documentation regarding warnings and a follow-up plan if symptoms worsened. This included: to "seek immediate medical care," that "patient expressed understanding," and that "patient education and anticipatory guidance was given," as well as several more lines regarding risks, instructions, and follow-up plans being discussed and reviewed. She was also given an After Visit Summary, which included written information on "coccyx pain," "becoming more active," and to "return if symptoms worsen or fail to improve." There was no indication that a follow-up appointment was made.

18. On September 29, 2014, the Patient's mother called for the results of the x-rays, which were taken on September 24, 2014, and was told they are not available yet. The x-ray

results were signed on October 3, 2014. Findings of the x-rays of the abdomen ("KUB") and sacrum/coccyx (no lumbosacral images) were significant for sclerotic changes in the sacroiliac joints bilaterally and stool in colon and rectum.

19. On October 8, 2014, the Patient returned with complaints of coccyx pain and constipation again, this time seeing another physician. At this appointment, the Patient also reported insomnia and received a flu shot. She reported that her coccyx pain had improved, but still with intermittent problems with constipation (last BM was 2 days prior). She did not mention any reports of numbness or incontinence. She was examined mainly for her bowel complaints and recommended Miralax again, as well as other bowel hygiene tips. Sleep hygiene and melatonin were discussed for sleep and a similar After Visit Summary was given, this time for "constipation in teens"- which included instructions to follow up if symptoms did not improve or get worse, and if there were other changes, including leaking of stool.

20. On October 23, 2014, the Patient's mother called stating that the Patient still has the coccygeal pain despite ibuprofen 600 mg, rated at 8/10 pain. Also, she stated that the Patient now has daily BMs on Miralax, and is no longer constipated. A phone appointment with the Respondent was booked for the next day; however, the Patient was not present for the appointment, only the mother again. She reiterated the history above, including that the pain had improved since the last office visit, but was still present and ibuprofen was not helping. Again, constipation, incontinence, and numbness was not noted as part of her complaint. The Respondent changed the non-steroidal anti-inflammatory drug (NSAID) from ibuprofen to naproxen, and reiterated the same prior precautions and instructions.

21. On November 6, 2014, Respondent saw the Patient for complaints of urinary urgency, frequency, and pain. She was found to have suprapubic tenderness and a urine dip positive for infection, without signs of a kidney infection. Her other complaint was constipation, though details on this complaint were not documented; it was unclear if she was still taking the constipation treatments recommended previously. There was no mention of tailbone pain, numbness, or incontinence of any kind. She was diagnosed with a Urinary Tract Infection (UTI) and constipation, and then treated with antibiotics, Metamucil, and lactulose (another laxative).

Her urine was also sent for STD check and she was given an After Visit Summary for UTI and constipation.

22. On November 11, 2014, the Patient's urine test came back positive for Chlamydia. The subject sent messages to inform the Patient, give instructions and counseling, as well as to advise the Patient to pick up the treatment for the infection and to get re-tested. A registered nurse (RN) gave these messages on November 12, 2014.

23. On November 13, 2014, the Patient called the clinic to "check status of message" and other concerns. She stated that her boyfriend was 20 years old and was asking about free clinic options for him, was advised regarding Planned Parenthood. She did not discuss any other symptoms at this time, nor is there any documentation of discussion regarding testing for other STDs, pregnancy, or STD prevention, or birth control.

24. On December 2, 2014, the Patient came in with flu-like symptoms, as well as UTI symptoms again, this time seeing a different provider. At this visit, the Patient also reported symptoms consistent with saddle anesthesia and "total urinary incontinence since early September," her need to wear a diaper "all the time," and also constipation to the point of needing manual disimpaction for every BM. The Patient was diagnosed with a UTI with urine culture sensitive to Cipro, based on urine culture sent at prior visit. This was not recorded in the chart of this visit. She was treated for UTI with Cipro and for chlamydia with azithromycin. She was also diagnosed with "cauda equina syndrome with neurogenic bladder," with the plan for routine magnetic resonance imaging (MRI) of coccyx and sacrum and Neurosurgery consult. On December 11, 2014, the same provider was advised by Radiology to add an MRI of lumbosacral spine to the order, which she did, and these tests were performed on December 12, 2014, after which time cauda equina syndrome was confirmed.

25. The following acts and/or omissions in Respondent's care and treatment of the Patient constitute gross negligence:

A. Respondent, on the September 24, 2014, visit, failed to consider and recognize cauda equina syndrome as part of the Patient's differential diagnosis, despite the Patient's reports of paresthesias in her pubic and buttock area, saddle anesthesia, as well as both

urinary and fecal incontinence.

B. Respondent, on the September 24, 2014, visit, failed to document details regarding the Patient's urinary and fecal incontinence symptoms. This is significant given the atypical presentation in this young, healthy patient. There was no documentation of context where these symptoms could have been explained as a benign side effect or other clear benign cause.

C. Respondent, on the September 24, 2014, visit, failed to perform urinary system testing beyond evaluation for a UTI. This was after reported symptoms of stress incontinence, which is unusual in a young, nulliparous patient. No imaging was done to see if she was emptying her bladder properly or if the rest of her urinary tract was normal in appearance. There was a lack of follow-up for the Patient's symptoms of urinary incontinence.

D. Respondent, on the September 24, 2014, visit, incorrectly diagnosed the Patient with "muscle strain with a pinched nerve." This was despite the Patient's symptoms not being unilateral nor mild. Also this was after the Patient complained of decreased sensation, found in the medial thigh on the right more than left and normal elsewhere (not just one side). There was also mention of symptoms, which included fecal and urinary incontinence, numbness in the "saddle" region, and constipation.

E. Respondent failed to document any specific red flag symptoms discussed; seek immediate medical attention for them; and plan follow-up, including certain "red flag" symptoms that could have prompted more urgent evaluation (e.g., MRI). Respondent failed to clearly warn the Patient specifically about these concerns, in case they presented more clearly between the time of the initial visit and follow up. Respondent failed to plan to check in on the Patient to ensure that her symptoms were not becoming more concerning.

F. Respondent, on October 24, 2014, failed to perform a more urgent reevaluation, including higher order imaging. When the Patient's mother told Respondent that the coccygeal pain was persisting and ibuprofen was not helping, the Respondent changed only the NSAID. Respondent failed to arrange for follow-up evaluation or testing.

G. Respondent, on November 7, 2012, failed to consult with the Patient's treating psychiatrist, before she started to wean the Patient off Abilify. She also failed to create a wean/titration schedule, and a close follow up plan. This was despite the Patient being a teenager with significant psychiatric history, including harming herself multiple times.

SECOND CAUSE FOR DISCIPLINE

(Repeated Acts of Negligence)

26. Respondent is subject to disciplinary action under Code section 2234, subdivision (c), in that she was repeatedly negligent in the care and treatment of the Patient. The facts and circumstances alleged above in the First Cause for Discipline are incorporated here as if fully set forth.

27. The following acts and/or omissions in Respondent's care and treatment of the Patient constitute repeated negligent acts:

A. Respondent failed to conduct a rectal exam after the Patient reported symptoms of fecal incontinence in the context of other pelvic/neurologic complaints. The Patient reported that she had taken a large amount of constipation medications.

B. Respondent failed to order x-rays of the lumbar spine despite that the last lumbar x-ray in the record were from three years prior.

C. On November 6, 2014, Respondent failed to obtain confirmation of resolution of the red flag symptoms, namely saddle anesthesia and urinary/fecal incontinence.

D. On October 12, 2012, Respondent ordered:

1. Unnecessary lab test despite Patient being on Abilify, and also, the Patient's treating psychiatrist had already ordered the appropriate lab test.

2. HSV (herpes simplex virus) as an STD screening test absent any symptoms.

3. STD screening without testing and/or discussing with the Patient, pregnancy and STD prevention.

E. On October 16, 2012, Respondent diagnosed the Patient with otitis media and bronchitis and prescribed antibiotics, despite both conditions having benign presentations.

The Patient did not meet any criteria for otitis media nor acute bronchitis. Respondent also failed to document an eye exam when the Patient complained of eye pain.

F. On November 11, 2014, Respondent failed to order testing for other STDs, or pregnancy. This was after the Patient was found to be positive for Chlamydia. When the Patient called back later, Respondent failed to document the discussion and appropriate counseling regarding risk of recurrent STDs, pregnancy, STD prevention or birth control.

G. The allegations of gross negligence set forth in paragraph 25 above, also constitute repeated negligent acts.

THIRD CAUSE FOR DISCIPLINE

(Incompetence)

28. Respondent is subject to disciplinary action under Code section 2234, subdivision (d), in that she was incompetent in the care and treatment of the Patient. The facts and circumstances alleged in the First and Second Cause for Discipline above are incorporated here as if fully set forth. The circumstances are as follows.

29. The following acts and/or omissions in Respondent's care and treatment of the Patient constitute repeated incompetence:

A. Respondent was incompetent in the care and treatment of the Patient when she failed to properly diagnose the Patient with cauda equina syndrome.

B. Respondent was incompetent in ordering laboratory testing for the Patient because:

1. Ordering unnecessary lab test due to being on Abilify, when the Patient's treating psychiatrist had already ordered the appropriate lab test.

2. Ordering HSV (herpes simplex virus) as an STD screening test absent any symptoms.

3. Ordering STD screening without testing and/or discussing with the Patient, pregnancy and STD prevention.

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FOURTH CAUSE FOR DISCIPLINE

(Inadequate and Inaccurate Records)

30. Respondent is subject to disciplinary action under Code section 2266 in that she failed to maintain adequate and accurate records relating to the provision of medical services to the Patient. The facts and circumstances alleged above in paragraphs 8 through 29 are incorporated here as if fully set forth.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional conduct)

31. Respondent is subject to disciplinary action under Code section 2234 in that she engaged in unprofessional conduct in the care and treatment of the Patient. The facts and circumstances alleged above in paragraphs 8 through 30 are incorporated here as if fully set forth.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 117131, issued to Susan Yoomie Lee, M.D.;

2. Revoking, suspending or denying approval of Susan Yoomie Lee, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Susan Yoomie Lee, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED:
May 8, 2019

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

LA2019500936