

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

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

**Donald A. Ramberg, M.D.**

**Physician's & Surgeon's  
Certificate No. G 56939**

**Respondent.**

**Case No. 800-2018-049179**

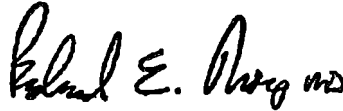
**DECISION**

**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 2, 2023.**

**IT IS SO ORDERED: January 31, 2023.**

**MEDICAL BOARD OF CALIFORNIA**



**Richard E. Thorp, M.D., Chair  
Panel B**

1 ROB BONTA  
Attorney General of California  
2 EDWARD KIM  
Supervising Deputy Attorney General  
3 CHRISTINA SEIN GOOT  
Deputy Attorney General  
4 State Bar No. 229094  
California Department of Justice  
5 300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
6 Telephone: (213) 269-6481  
Facsimile: (916) 731-2117  
7 *Attorneys for Complainant*

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

11 In the Matter of the First Amended Accusation  
Against:

12 **DONALD A. RAMBERG, M.D.**  
13 **699 California Blvd., Suite B**  
**San Luis Obispo, CA 93401**

14 **Physician's and Surgeon's Certificate**  
15 **No. G 56939,**

16 Respondent.

Case No. 800-2018-049179

OAH No. 2021050435

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

17  
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
19 entitled proceedings that the following matters are true:

20 **PARTIES**

21 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
22 California (Board). He brought this action solely in his official capacity and is represented in this  
23 matter by Rob Bonta, Attorney General of the State of California, by Christina Sein Goot, Deputy  
24 Attorney General.

25 2. Respondent Donald A. Ramberg, M.D. (Respondent) is represented in this proceeding  
26 by attorney Mark B. Connely, whose address is: 444 Higuera Street, Third Floor, San Luis  
27 Obispo, CA 93401.

28 ///



1 upon his Physician's and Surgeon's Certificate. Respondent hereby gives up his right to contest  
2 those charges and allegations.

3 10. Respondent does not contest that, at an administrative hearing, Complainant could  
4 establish a *prima facie* case with respect to the charges and allegations contained in First  
5 Amended Accusation No. 800-2018-049179 and that he has thereby subjected his license to  
6 disciplinary action.

7 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
8 discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the  
9 Disciplinary Order below.

### 10 CONTINGENCY

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

21 13. Respondent agrees that if he ever petitions for modification of the terms of this  
22 stipulation, or if a subsequent accusation is filed against him before the Board, all of the charges  
23 and allegations contained in First Amended Accusation No. 800-2018-049179 shall be deemed  
24 true, correct and fully admitted by Respondent for purposes of any such proceeding or any other  
25 licensing proceeding involving Respondent in the State of California.

26 14. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to  
27 be an integrated writing representing the complete, final and exclusive embodiment of the  
28 agreement of the parties in this above-entitled matter.



1 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),  
2 Accusation(s), and any other information that the Board or its designee deems relevant. The  
3 program shall require Respondent's on-site participation for a minimum of three (3) and no more  
4 than five (5) days as determined by the program for the assessment and clinical education  
5 evaluation. Respondent shall pay all expenses associated with the clinical competence  
6 assessment program.

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

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

16 If Respondent fails to enroll, participate in, or successfully complete the clinical  
17 competence assessment program within the designated time period, Respondent shall receive a  
18 notification from the Board or its designee to cease the practice of medicine within three (3)  
19 calendar days after being so notified. The Respondent shall not resume the practice of medicine  
20 until enrollment or participation in the outstanding portions of the clinical competence assessment  
21 program have been completed. If the Respondent did not successfully complete the clinical  
22 competence assessment program, the Respondent shall not resume the practice of medicine until a  
23 final decision has been rendered on the accusation. Any violation of this condition or failure to  
24 complete the program and/or comply with the program recommendations shall be considered  
25 unprofessional conduct and grounds for further disciplinary action.

### 26 **3. EDUCATION COURSES**

27 Within 60 calendar days of the effective date of this Decision, Respondent shall submit to  
28 the Board or its designee for its prior approval educational program(s) or course(s), which shall

1 not be less than 40 hours. The educational program(s) or course(s) shall be aimed at correcting  
2 any areas of deficient practice or knowledge and shall be Category I certified. The 40 hours of  
3 educational program(s) or course(s) taken pursuant to this condition shall be at Respondent's  
4 expense and shall be in addition to the Continuing Medical Education (CME) requirements for  
5 renewal of licensure. Following the completion of each course, the Board or its designee may  
6 administer an examination to test Respondent's knowledge of the course.

7 Respondent shall submit a certification of successful completion to the Board or its  
8 designee not later than 15 calendar days after successfully completing the educational program(s)  
9 or course(s). Respondent shall participate in and successfully complete the educational  
10 program(s) or course(s) hereunder within one (1) year of the effective date of this Order.

11 Respondent's failure to enroll, participate in, or successfully complete the courses within  
12 the designated time period, unless the Board or its designee agrees in writing to an extension of  
13 that time, shall constitute general unprofessional conduct and may serve as grounds for further  
14 disciplinary action.

15 **4. MEDICAL RECORD KEEPING COURSE**

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

25 A medical record keeping course taken after the acts that gave rise to the charges in the  
26 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
27 or its designee, be accepted towards the fulfillment of this condition if the course would have  
28 been approved by the Board or its designee had the course been taken after the effective date of

1 this Decision.

2 Respondent shall submit a certification of successful completion to the Board or its  
3 designee not later than 15 calendar days after successfully completing the course, or not later than  
4 15 calendar days after the effective date of the Decision, whichever is later.

5 Respondent's failure to enroll, participate in, or successfully complete the medical record  
6 keeping course within the designated time period, unless the Board or its designee agrees in  
7 writing to an extension of that time, shall constitute general unprofessional conduct and may  
8 serve as grounds for further disciplinary action.

9 **5. INVESTIGATION/ENFORCEMENT COST RECOVERY**

10 Respondent is hereby ordered to reimburse the Board its costs of investigation and  
11 enforcement in the year of 2022, including, but not limited to, expert review, amended  
12 accusations, legal reviews, investigation(s), and subpoena enforcement, as applicable, in the  
13 amount of \$24,110.00 (twenty-four thousand one hundred ten dollars and zero cents). Costs shall  
14 be payable to the Medical Board of California within one (1) year from the effective date of this  
15 Decision.

16 Any and all requests for a payment plan shall be submitted in writing by Respondent to the  
17 Board.

18 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility  
19 to repay investigation and enforcement costs.

20 **6. FAILURE TO COMPLY**

21 Failure to comply with any of the terms of this Disciplinary Order shall constitute general  
22 unprofessional conduct and may serve as grounds for further disciplinary action. In such  
23 circumstances, the Complainant may reinstate First Amended Accusation No. 800-2018-049179  
24 or file a supplemental accusation alleging any failure to comply with any provision of this order  
25 by Respondent as unprofessional conduct.

26 **7. FUTURE ADMISSIONS CLAUSE**

27 If Respondent should ever apply or reapply for a new license or certification, or petition for  
28 reinstatement of a license, by any other health care licensing action agency in the State of

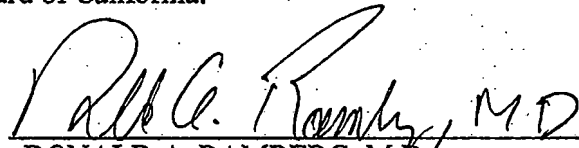


1 California, all of the charges and allegations contained in First Amended Accusation No. 800-  
2 2018-049179 shall be deemed to be true, correct, and admitted by Respondent for the purpose of  
3 any Statement of Issues or any other proceeding seeking to deny or restrict license.

4 ACCEPTANCE

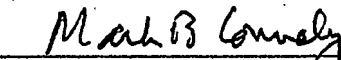
5 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
6 discussed it with my attorney, Mark B. Connely. I understand the stipulation and the effect it will  
7 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
8 Disciplinary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

10  
11 DATED: 9/8/2022

  
DONALD A. RAMBERG, M.D.  
Respondent

12  
13  
14 I have read and fully discussed with Respondent Donald A. Ramberg, M.D. the terms and  
15 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
16 I approve its form and content.

17  
18 DATED: Sept. 9, 2022

  
MARK B. CONNELLY, ESQ.  
Attorney for Respondent

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24 [Endorsement on following page]

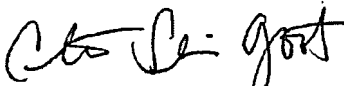
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**ENDORSEMENT**

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

DATED: 9/9/2022

Respectfully submitted,  
ROB BONTA  
Attorney General of California  
EDWARD KIM  
Supervising Deputy Attorney General

  
CHRISTINA SEIN GOO  
Deputy Attorney General  
*Attorneys for Complainant*

LA2020601143

**Exhibit A**

**First Amended Accusation No. 800-2018-049179**

1 ROB BONTA  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 CHRISTINA SEIN GOOT  
Deputy Attorney General  
4 State Bar No. 229094  
California Department of Justice  
5 300 South Spring Street, Suite 1702  
Los Angeles, CA 90013  
6 Telephone: (213) 269-6481  
Facsimile: (916) 731-2117  
7 *Attorneys for Complainant*

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

12 In the Matter of the First Amended Accusation  
13 Against:

Case No. 800-2018-049179

**FIRST AMENDED ACCUSATION**

14 **DONALD A. RAMBERG, M.D.**  
699 California Boulevard, Suite B  
15 San Luis Obispo, CA 93401

16 Physician's and Surgeon's Certificate  
No. G 56939,

17 Respondent.

18  
19  
20 **PARTIES**

21 1. William Prasifka (Complainant) brings this First Amended Accusation solely in his  
22 official capacity as the Executive Director of the Medical Board of California (Board).

23 2. On March 31, 1986, the Board issued Physician's and Surgeon's Certificate Number  
24 G 56939 to Donald A. Ramberg, M.D. (Respondent). That license was in full force and effect at  
25 all times relevant to the charges brought herein and will expire on July 31, 2023, unless renewed.

26 **JURISDICTION**

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

1 otherwise indicated.

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

6 5. Section 2234 of the Code states:

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

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

12 (b) Gross negligence.

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

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

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

25 (d) Incompetence.

26 (e) The commission of any act involving dishonesty or corruption that is  
27 substantially related to the qualifications, functions, or duties of a physician and  
28 surgeon.

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

(g) The 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.

6. 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.

1 FIRST CAUSE FOR DISCIPLINE

2 (Gross Negligence – Patients 1 and 2)

3 7. Respondent is subject to disciplinary action under section 2234, subdivision (b), of  
4 the Code in that he committed gross negligence in his care and treatment of Patients 1 and 2.<sup>1</sup>  
5 The circumstances are as follows:

6 8. At all times relevant to the allegations herein, Respondent was a physician practicing  
7 neurological surgery.

8 Patient 1

9 9. Patient 1, a 73-year-old male, was referred to Respondent for evaluation of neck pain.  
10 On July 12, 2018, Respondent's assessment of Patient 1 was cervical spondylosis with  
11 myelopathy. Respondent subsequently requested prior authorization for an anterior cervical  
12 discectomy and fusion at the C5-6 and C6-7 levels. The surgery was approved, and Patient 1  
13 signed a consent form for surgery at these levels.

14 10. On August 10, 2018, Respondent performed the surgery; however, there was an  
15 inadvertent extension of the fusion to the C7-T1 level. Although Respondent performed X-rays  
16 during surgery, the surgical marker's tip was not visible on the X-ray performed at 11:20:50.  
17 Respondent did not perform any other X-rays before proceeding with the discectomy and as a  
18 direct result, proceeded to treat C6-7 and C7-T1, instead of C5-6 and C6-7. Rather than marking  
19 a more cephalad level and repeating the X-ray to confirm the site, Respondent made assumptions  
20 about anterior osteophytes.

21 11. The standard of care requires that a physician accurately confirm the site of surgery.  
22 When operating on the spine, this site confirmation includes ensuring the correct operative level  
23 with radiographic imaging.

24 12. Respondent should have recognized that the X-ray was insufficient to confirm the  
25 operative level and, rather than make assumptions about anterior osteophytes, proceeded with an  
26 additional X-ray where the tip of the surgical marker could have been visualized at an identifiable  
27 level. This represents an extreme departure from the standard of care.

28 <sup>1</sup> The patient are referred to by number to protect their privacy..

1           Patient 2

2           13. On July 3, 2014, Patient 2, a 55-year-old male, first presented to Respondent with  
3 complaints of back pain and leg weakness. Patient 2 had a history of L5-S1 fusion and L4-5  
4 laminotomy,<sup>2</sup> medial fascetectomy,<sup>3</sup> and foraminotomy.<sup>4</sup> On July 23, 2014, Respondent  
5 performed a bilateral L4-5 laminectomy and foraminotomy.

6           14. Patient 2 followed up and/or treated with Respondent on August 5, 2014; August 21,  
7 2014; October 2, 2014; November 13, 2014; January 3, 2015; and January 29, 2015. Respondent  
8 did not document a physical examination at these visits.

9           15. On February 25, 2015, Patient 2 reported a history of cervical pain with radiation into  
10 both arms and a failure of physical therapy and pain management to relieve the pain. Physical  
11 examination revealed restricted cervical range of motion with pain radiating out the left arm. On  
12 this date, Respondent performed a left C3-4 laminectomy and foraminotomy after discussing the  
13 risks and benefits of the procedure with Patient 2.

14           16. From March 17, 2015 through June 23, 2015, Respondent saw Patient 2 for follow-up  
15 visits. Respondent documented a physical examination of Patient 2's wound on March 17, 2015.  
16 Respondent did not document a physical examination at any other visit during this time period.

17           17. From July 2015 through November 2018, Respondent regularly saw Patient 2 for  
18 treatment and/or follow-up. Respondent consistently failed to document physical examinations at  
19 these visits.

20           18. On January 16, 2019, Patient 2 is noted to have worsening back and leg pain.  
21 Although Respondent documented a physical examination, no sensory examination is recorded.  
22 Respondent recommended a repeat MRI of the lumbar spine, last performed on July 27, 2017, in  
23 anticipation of surgery "so that an assessment of the surgery needed is updated." On this date,  
24 despite the lack of the repeat MRI as ordered, Respondent performed a bilateral L3-4

25           <sup>2</sup> A laminotomy is an orthopedic neurosurgical procedure that removes part of the lamina  
26 of a vertebral arch in order to relieve pressure in the vertebral canal.

27           <sup>3</sup> Facetectomy is a surgical procedure which involves decompression of a spinal nerve  
28 root.

<sup>4</sup> Foraminotomy is a surgical procedure to relieve pressure on compressed nerves.

1 laminectomy and discectomy with interbody and posterolateral instrumented fusion, attaching it  
2 to the prior construct at L4-S1.

3 19. Respondent saw Patient 2 for follow-up visits on March 28, 2019; May 7, 2019;  
4 September 5, 2019; and October 31, 2019. Again, Respondent did not document any physical  
5 examination at these visits.

6 20. The standard of care requires that a physician produce and maintain accurate medical  
7 records of the care provided, including both positive and negative pertinent aspects of the history  
8 and physical examination.

9 21. Respondent's repeated failure to document a physical examination represents an  
10 extreme departure from the standard of care.

11 22. The standard of care requires a physician to recommend and perform surgical  
12 interventions that have a reasonable chance of providing efficacy. There needs to be a sufficient  
13 correlation between the patient's presenting complaints, the physical examination findings, the  
14 results of diagnostic testing, and the expected outcome from surgery.

15 23. The left C3-4 laminectomy and foraminotomy performed by Respondent on February  
16 25, 2015 would not address Patient 2's pre-operative condition. An MRI of the cervical spine  
17 performed pre-operatively on January 23, 2015, revealed foraminal stenosis on the left at C3-4 and  
18 on the right at C5-6 and C6-7. Patient 2 had three-level degenerative disease in the cervical spine  
19 and only one level was addressed with the surgery. Respondent should have known that Patient  
20 2's pre-operative condition would not have been expected to improve with a single level  
21 laminectomy and foraminotomy. Respondent also performed a lumbar fusion at L3-4 on January  
22 16, 2019, based on an MRI of the lumbar spine obtained on July 27, 2017. Although Respondent  
23 recommended a repeat MRI prior to surgery, he did not follow his own recommendation to ensure  
24 the appropriateness of his surgical recommendation. Respondent's performance of these surgeries  
25 under these circumstances, given the inherent risks of surgery, represents an extreme departure  
26 from the standard of care.

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**SECOND CAUSE FOR DISCIPLINE**

**(Repeated Negligent Acts – Patients 1 and 2)**

24. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code in that he committed repeated negligent acts in his care and treatment of Patients 1 and 2. The circumstances are as follows:

25. The allegations of the First Cause for Discipline are incorporated by reference as if fully set forth herein.

**THIRD CAUSE FOR DISCIPLINE**

**(Failure to Maintain Adequate Records – Patient 2)**

26. Respondent is subject to disciplinary action under section 2266 of the Code in that he failed to maintain adequate and accurate records concerning the care and treatment of Patient 2. The circumstances are as follows:

27. Complainant refers to and, by this reference, incorporates paragraphs 13-21, above, as though set forth fully herein.

**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 G 56939, issued to Respondent Donald A. Ramberg, M.D.;

2. Revoking, suspending or denying approval of Respondent Donald A. Ramberg, M.D.'s authority to supervise physician assistants and advanced practice nurses;


3. If placed on probation, ordering Respondent Donald A. Ramberg, M.D. to pay the Board the costs of probation monitoring; and

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

DATED: OCT 12 2021

  
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WILLIAM PRASIEKA  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California

*Complainant*

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