

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

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

Christopher Holden, M.D.

**Physician's and Surgeon's
Certificate No. G 75635**

Case No.: 800-2019-057703

Respondent.

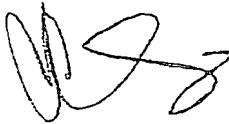
DECISION

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 16, 2023.

IT IS SO ORDERED: February 14, 2023.

MEDICAL BOARD OF CALIFORNIA



**Laurie Rose Lubiano, J.D., Chair
Panel A**

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 KAROLYN M. WESTFALL
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **CHRISTOPHER HOLDEN, M.D.**
15 **438 East Katella Avenue, Suite B**
Orange, CA 92867

16 **Physician's and Surgeon's Certificate**
17 **No. G 75635,**

18 Respondent.

Case No. 800-2019-057703

OAH No. 2022050861

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

21 **PARTIES**

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

26 2. Respondent Christopher Holden, M.D. (Respondent) is represented in this proceeding
27 by attorneys Dennis K. Ames, Esq., and Pogey Henderson, Esq., whose address is: 2677 North
28 Main Street, Suite 901, Santa Ana, CA 92705-6632.

3. On or about December 2, 1992, the Board issued Physician's and Surgeon's Certificate No. G 75635 to Christopher Holden, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-057703, and will expire on July 31, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-057703 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 April 5, 2022. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-057703 is attached hereto as Exhibit A and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read; fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-057703. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his 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 him; the right to present evidence and to testify on his 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.

8. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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1 **CULPABILITY**

2 9. Respondent admits that, at an administrative hearing, Complainant could establish a
3 *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-
4 2019-057703, and agrees that he has thereby subjected his Physician's and Surgeon's Certificate
5 No. G 75635 to disciplinary action.

6 10. Respondent further agrees that if he ever petitions for modification or early
7 termination of probation, or if an accusation and/or petition to revoke probation is filed against
8 him before the Medical Board of California, all of the charges and allegations contained in
9 Accusation No. 800-2019-057703 shall be deemed true, correct, and fully admitted by
10 Respondent for purposes of any such proceeding or any other licensing proceeding involving
11 Respondent in the State of California or elsewhere.

12 11. Respondent agrees that his Physician's and Surgeon's Certificate No. A G 75635 is
13 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth
14 in the Disciplinary Order below.

15 **CONTINGENCY**

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

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

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 75635 issued to Respondent Christopher Holden, M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years from the effective date of the Decision and Order on the following terms and conditions:

1. 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.

2. 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

1 complete the program not later than six (6) months after Respondent's initial enrollment unless
2 the Board or its designee agrees in writing to an extension of that time.

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

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

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

22 3. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
23 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
24 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
25 licenses are valid and in good standing, and who are preferably American Board of Medical
26 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
27 relationship with Respondent, or other relationship that could reasonably be expected to
28 compromise the ability of the monitor to render fair and unbiased reports to the Board, including

1 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
2 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

3 The Board or its designee shall provide the approved monitor with copies of the Decision
4 and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the
5 Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement
6 that the monitor has read the Decision and Accusation, fully understands the role of a monitor,
7 and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the
8 proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed
9 statement for approval by the Board or its designee.

10 Within 60 calendar days of the effective date of this Decision, and continuing throughout
11 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
12 make all records available for immediate inspection and copying on the premises by the monitor
13 at all times during business hours and shall retain the records for the entire term of probation.

14 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
15 date of this Decision, Respondent shall receive a notification from the Board or its designee to
16 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
17 shall cease the practice of medicine until a monitor is approved to provide monitoring
18 responsibility.

19 The monitor shall submit a quarterly written report to the Board or its designee which
20 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
21 are within the standards of practice of medicine and whether Respondent is practicing medicine
22 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
23 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
24 preceding quarter.

25 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
26 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
27 name and qualifications of a replacement monitor who will be assuming that responsibility within
28 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60

1 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
2 notification from the Board or its designee to cease the practice of medicine within three (3)
3 calendar days after being so notified. Respondent shall cease the practice of medicine until a
4 replacement monitor is approved and assumes monitoring responsibility.

5 In lieu of a monitor, Respondent may participate in a professional enhancement program
6 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
7 review, semi-annual practice assessment, and semi-annual review of professional growth and
8 education. Respondent shall participate in the professional enhancement program at Respondent's
9 expense during the term of probation.

10 4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
11 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
12 Chief Executive Officer at every hospital where privileges or membership are extended to
13 Respondent, at any other facility where Respondent engages in the practice of medicine,
14 including all physician and locum tenens registries or other similar agencies, and to the Chief
15 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
16 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
17 calendar days.

18 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

19 5. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
20 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
21 advanced practice nurses.

22 6. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
23 governing the practice of medicine in California and remain in full compliance with any court
24 ordered criminal probation, payments, and other orders.

25 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
26 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of
27 \$11,015.00 (eleven thousand fifteen dollars). Costs shall be payable to the Medical Board of
28 California. Failure to pay such costs shall be considered a violation of probation.

1 Payment must be made in full within 30 calendar days of the effective date of the Order, or
2 by a payment plan approved by the Medical Board of California. Any and all requests for a
3 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with
4 the payment plan shall be considered a violation of probation.

5 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
6 repay investigation and enforcement costs.

7 8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
8 under penalty of perjury on forms provided by the Board, stating whether there has been
9 compliance with all the conditions of probation.

10 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
11 of the preceding quarter.

12 9. GENERAL PROBATION REQUIREMENTS.

13 Compliance with Probation Unit

14 Respondent shall comply with the Board's probation unit.

15 Address Changes

16 Respondent shall, at all times, keep the Board informed of Respondent's business and
17 residence addresses, email address (if available), and telephone number. Changes of such
18 addresses shall be immediately communicated in writing to the Board or its designee. Under no
19 circumstances shall a post office box serve as an address of record, except as allowed by Business
20 and Professions Code section 2021, subdivision (b).

21 Place of Practice

22 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
23 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
24 facility.

25 License Renewal

26 Respondent shall maintain a current and renewed California physician's and surgeon's
27 license.

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1 Travel or Residence Outside California

2 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
3 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
4 (30) calendar days.

5 In the event Respondent should leave the State of California to reside or to practice
6 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
7 departure and return.

8 10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
9 available in person upon request for interviews either at Respondent's place of business or at the
10 probation unit office, with or without prior notice throughout the term of probation.

11 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
12 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
13 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
14 defined as any period of time Respondent is not practicing medicine as defined in Business and
15 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
16 patient care, clinical activity or teaching, or other activity as approved by the Board. If
17 Respondent resides in California and is considered to be in non-practice, Respondent shall
18 comply with all terms and conditions of probation. All time spent in an intensive training
19 program which has been approved by the Board or its designee shall not be considered non-
20 practice and does not relieve Respondent from complying with all the terms and conditions of
21 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
22 on probation with the medical licensing authority of that state or jurisdiction shall not be
23 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
24 period of non-practice.

25 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
26 months, Respondent shall successfully complete the Federation of State Medical Boards' Special
27 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
28 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model

1 Disciplinary Orders and Disciplinary Guidelines” prior to resuming the practice of medicine.

2 Respondent’s period of non-practice while on probation shall not exceed two (2) years.

3 Periods of non-practice will not apply to the reduction of the probationary term.

4 Periods of non-practice for a Respondent residing outside of California will relieve
5 Respondent of the responsibility to comply with the probationary terms and conditions with the
6 exception of this condition and the following terms and conditions of probation: Obey All Laws;
7 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
8 Controlled Substances; and Biological Fluid Testing..

9 12. COMPLETION OF PROBATION. Respondent shall comply with all financial
10 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
11 completion of probation. This term does not include cost recovery, which is due within 30
12 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
13 Board and timely satisfied. Upon successful completion of probation, Respondent’s certificate
14 shall be fully restored.

15 13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
16 of probation is a violation of probation. If Respondent violates probation in any respect, the
17 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
18 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
19 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
20 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
21 the matter is final.

22 14. LICENSE SURRENDER. Following the effective date of this Decision, if
23 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
24 the terms and conditions of probation, Respondent may request to surrender his or her license.
25 The Board reserves the right to evaluate Respondent’s request and to exercise its discretion in
26 determining whether or not to grant the request, or to take any other action deemed appropriate
27 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
28 shall within 15 calendar days deliver Respondent’s wallet and wall certificate to the Board or its

1 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
2 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
3 application shall be treated as a petition for reinstatement of a revoked certificate.

4 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
5 with probation monitoring each and every year of probation, as designated by the Board, which
6 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
7 California and delivered to the Board or its designee no later than January 31 of each calendar
8 year.

9 ACCEPTANCE


10 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
11 discussed it with my attorneys, Dennis K. Ames, Esq., and Pogey Henderson, Esq. I understand
12 the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into
13 this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and
14 agree to be bound by the Decision and Order of the Medical Board of California.

15
16 DATED: 11-8-2022


CHRISTOPHER HOLDEN, M.D.
Respondent

18 I have read and fully discussed with Respondent Christopher Holden, M.D., the terms and
19 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
20 I approve its form and content.

21
22 DATED: 11/8/22


DENNIS K. AMES, ESQ.
POGEY HENDERSON, ESQ.
Attorneys for Respondent

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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: 11/8/22

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General


KAROLYN M. WESTFALL
Deputy Attorney General
Attorneys for Complainant

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10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
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13 In the Matter of the Accusation Against:

Case No. 800-2019-057703

14 **CHRISTOPHER HOLDEN, M.D.**
15 438 East Katella Avenue, Suite B
Orange, CA 92867

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. G 75635,**

18 Respondent.

19
20 **PARTIES**

21 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
22 as the Executive Director of the Medical Board of California, Department of Consumer Affairs
23 (Board).

24 2. On or about December 2, 1992, the Medical Board issued Physician's and Surgeon's
25 Certificate No. G 75635 to Christopher Holden, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on July 31, 2022, unless renewed.

28 ///

1 JURISDICTION

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

5 4. Section 2227 of the Code states, in pertinent part:

6 (a) A licensee whose matter has been heard by an administrative law judge of
7 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
8 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:

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

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

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

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

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

17 ...

18 5. Section 2234 of the Code, states, in pertinent part:

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

21 (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.

22 (b) Gross negligence.

23 (c) Repeated negligent acts. To be repeated, there must be two or more
24 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
25 repeated negligent acts.

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

28 (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.

...

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.

COST RECOVERY

7. (a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g)(1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

1 (h) All costs recovered under this section shall be considered a reimbursement
2 for costs incurred and shall be deposited in the fund of the board recovering the costs
to be available upon appropriation by the Legislature.

3 (i) Nothing in this section shall preclude a board from including the recovery of
4 the costs of investigation and enforcement of a case in any stipulated settlement.

5 (j) This section does not apply to any board if a specific statutory provision in that
6 board's licensing act provides for recovery of costs in an administrative disciplinary
7 proceeding.

8 **FIRST CAUSE FOR DISCIPLINE**

9 **(Gross Negligence)**

10 8. Respondent has subjected his Physician's and Surgeon's Certificate No. G 75635 to
11 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
12 the Code, in that he was grossly negligent in his care and treatment of Patient A,¹ as more
13 particularly alleged hereinafter:

14 9. On or about November 8, 2018, Respondent began providing care and treatment to
15 Patient A, a then ninety-one year old male suffering from dementia and hypertension, and a new
16 resident of G.A., a board and care facility. Respondent was the house doctor for G.A. at that
17 time. At that initial visit, Respondent did not notice any signs or symptoms of confusion other
18 than Patient A's wandering behavior. Respondent performed a physical examination of Patient A
19 that revealed abnormal findings of kyphosis² and ecchymosis³ of both hands. At the conclusion
20 of the visit, Respondent refilled Patient A's prescribed medications.

21 10. On or about January 17, 2019, Patient A fell out of bed at night at G.A. The next day,
22 staff from G.A. sent a fax to Respondent informing him about Patient A's fall. The fax further
23 informed Respondent that Patient A was complaining of pain to his foot, shin, back, and left arm,
24 and requested Respondent provide mobile x-rays and pain medication for the patient.

25 ¹ To protect the privacy of the patient involved, the patient's name has not been included
26 in this pleading. Respondent is aware of the identity of the patient referred to herein.

27 ² Kyphosis is an exaggerated, forward rounding of the back.

28 ³ Ecchymosis is a discoloration of the skin resulting from bleeding underneath, typically
caused by bruising.

1 11. During his subject interview on or about May 24, 2021, Respondent claimed to have
2 received the fax from G.A. on or about January 21, 2019. Respondent did not evaluate Patient A
3 on that day, and did not order and/or document that he ordered x-rays on that day or any day
4 thereafter.

5 12. On or about January 30, 2019, Patient A was seen by Respondent at G.A. for the first
6 time since his fall. At that visit, Respondent noted an acute change in the Patient A's mental state
7 compared to his last visit in November, but his documented neurological and physical
8 examinations revealed the same findings from his previous visit, including wandering behavior,
9 kyphosis, and ecchymosis of both hands. The chart notes for that visit indicate that Patient A's
10 wife requested a urinalysis due to a concern of a urinary tract infection. At the conclusion of the
11 visit, Respondent refilled the patient's prescribed medications and ordered a urinalysis. No
12 imaging or lab orders were made at that time.⁴

13 13. On or about February 5, 2019, Patient A's wife brought Patient A to Respondent's
14 medical clinic due to his continued complaints of pain since his fall. At that visit, Respondent
15 performed a neurological examination of Patient A that continued to reveal wandering behavior,
16 and performed a physical examination that revealed tenderness of the dorsal lower extremity and
17 no palpable mass. At the conclusion of the visit, Respondent diagnosed Patient A with left leg
18 pain. Respondent prescribed Patient A ibuprofen and ordered lab work. No imaging orders were
19 made at that time.

20 14. On or about February 11, 2019, Patient A's wife contacted Respondent's office
21 informing him that Patient A continued to have left thigh pain and requested other options. The
22 next day, Respondent ordered massage therapy.

23 15. On or about February 21, 2019, Respondent ordered a non-urgent ultrasound of
24 Patient A's leg.

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27 ⁴ At his subject interview on or about May 24, 2021, Respondent claimed he considered
28 ordering images at that time but claimed Patient A's wife interfered and refused imaging.
Recommendations for imaging or any refusals for imaging were not documented anywhere in the
patient's chart.

1 16. On or about February 22, 2019, Patient A's wife contacted Respondent's office
2 informing him that Patient A had been anxious and requested medication.

3 17. On or about February 27, 2019, Patient A was seen by Respondent at G.A. At that
4 visit, Patient A complained of weakness and muscle spasms in his trunk and legs. Respondent
5 noted the patient was now in a wheelchair. Patient A's neurological examination revealed no new
6 symptoms, and his physical examination revealed tenderness of posterior thorax and thighs and
7 calves, no skin lesions on left leg but tenderness of dorsal lower extremity. At the conclusion of
8 the visit, Respondent refilled the patient's prescribed medications and noted his plan was to await
9 the ultrasound results to rule out deep vein thrombosis (DVT).⁵

10 18. On or about February 28, 2019, an ultrasound of Patient A's left leg revealed a
11 femoral and popliteal DVT which appeared nonocclusive and acute in nature. Patient A was then
12 transported to the emergency department, where it was noted he was having difficulty standing.
13 An x-ray of Patient A's hip revealed a femoral neck fracture in the subcapital area, and he was
14 admitted to the hospital for treatment.

15 19. On or about March 5, 2019, Patient A underwent a left hip hemiarthroplasty.

16 20. On or about March 11, 2019, Patient A was discharged from the hospital. Over the
17 course of the next few weeks, Patient A's health significantly declined and after contracting
18 pneumonia and sepsis, he died on or about March 30, 2019.

19 21. Respondent committed gross negligence in his care and treatment of Patient A, which
20 included, but was not limited to, the following:

21 A. Failing to appropriately evaluate a patient who suffered a fall and complained of
22 pain;

23 B. Failing to appropriately evaluate a patient with dementia experiencing a rapid
24 decline; and

25 C. Failing to appropriately care for a patient suspected of DVT.

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28 ⁵ Deep vein thrombosis (DVT) is a serious condition that occurs when a blood clot forms
in a vein located deep inside your body, usually in your thigh or lower leg.

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1 treatment of a single patient in or around 2013, Respondent's Physician's and Surgeon's
2 Certificate No. G 75635 was placed on probation for one additional year added to his
3 probationary term in Case No. 800-2014-002494. That decision is now final and is incorporated
4 by reference as if fully set forth herein. Respondent successfully completed probation on or about
5 March 24, 2021.

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:

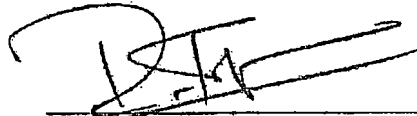
9 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 75635, issued
10 to Respondent, Christopher Holden, M.D.;

11 2. Revoking, suspending, or denying approval of Respondent, Christopher Holden,
12 M.D.'s authority to supervise physician assistants and advanced practice nurses;

13 3. Ordering Respondent, Christopher Holden, M.D., to pay the Board the costs of the
14 investigation and enforcement of this case, and if placed on probation, the costs of probation
15 monitoring; and

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

17
18 DATED: **APR 05 2022**

19 
20 For: WILLIAM PRASIFKA Reji Varghese
21 Executive Director Deputy Director
22 Medical Board of California
23 Department of Consumer Affairs
24 State of California
25 Complainant

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