

**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**

**Respondent.**

**Case No.: 800-2019-057703**

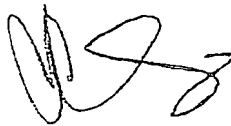
**DECISION**

**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**



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**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**  
11 **MEDICAL BOARD OF CALIFORNIA**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

15 **CHRISTOPHER HOLDEN, M.D.**  
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 Poge Henderson, Esq., whose address is: 2677 North  
28 Main Street, Suite 901, Santa Ana, CA 92705-6632.



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.

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

4 **DISCIPLINARY ORDER**

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

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

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

23 Respondent shall submit a certification of successful completion to the Board or its  
24 designee not later than 15 calendar days after successfully completing the course, or not later than  
25 15 calendar days after the effective date of the Decision, whichever is later.

26 2. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days  
27 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment  
28 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. OBEDIENT TO 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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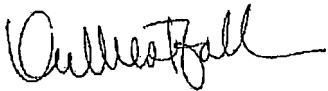
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**ENDORSEMENT**

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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14 In the Matter of the Accusation Against:

Case No. 800-2019-057703

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

**ACCUSATION**

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

Respondent.

18  
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  
9 into a stipulation for disciplinary action with the board, may, in accordance with the  
10 provisions of this chapter:

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

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

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

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

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

21 ...

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

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

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

28 (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

1 not limited to, a reevaluation of the diagnosis or a change in treatment, and the  
2 licensee's conduct departs from the applicable standard of care, each departure  
3 constitutes a separate and distinct breach of the standard of care.

...

4 6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain  
5 adequate and accurate records relating to the provision of services to their patients constitutes  
6 unprofessional conduct.

### 7 COST RECOVERY

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

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

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

22 (d) The administrative law judge shall make a proposed finding of the amount  
23 of reasonable costs of investigation and prosecution of the case when requested  
24 pursuant to subdivision (a). The finding of the administrative law judge with regard  
25 to costs shall not be reviewable by the board to increase the cost award. The board  
26 may reduce or eliminate the cost award, or remand to the administrative law judge if  
27 the proposed decision fails to make a finding on costs requested pursuant to  
28 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,<sup>1</sup> 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 kyphosis<sup>2</sup> and ecchymosis<sup>3</sup> 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 <sup>1</sup> 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 <sup>2</sup> Kyphosis is an exaggerated, forward rounding of the back.

28 <sup>3</sup> 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.<sup>4</sup>

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.

25 ///

26 \_\_\_\_\_  
27 <sup>4</sup> 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).<sup>5</sup>

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.

26 ///

27 \_\_\_\_\_  
28 <sup>5</sup> 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.

1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 22. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
4 G 75635 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
5 subdivision (c), of the Code, in that he committed repeated negligent acts in his care and  
6 treatment of Patient A, as more particularly alleged in paragraphs 8 through 21(C), above, which  
7 are hereby incorporated by reference and realleged as if fully set forth herein.

8 **THIRD CAUSE FOR DISCIPLINE**

9 **(Failure to Maintain Adequate and Accurate Records)**

10 23. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
11 G 75635 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the  
12 Code, in that Respondent failed to maintain adequate and accurate records regarding his care and  
13 treatment of Patient A, as more particularly alleged in paragraphs 8 through 21(C), above, which  
14 are hereby incorporated by reference and realleged as if fully set forth herein.

15 **DISCIPLINARY CONSIDERATIONS**

16 24 To determine the degree of discipline, if any, to be imposed on Respondent,  
17 Complainant alleges that on or about February 22, 2017, the Board issued a Decision and Order  
18 that became effective on or about March 24, 2017, in an action entitled, *In the Matter of the*  
19 *Accusation Against Christopher Holden, M.D.*, Medical Board of California Case No. 800-2014-  
20 002494. In that matter, and as a result of Respondent's negligent care and treatment of a single  
21 patient between in or around 2008, through in or around 2012, Respondent's Physician's and  
22 Surgeon's Certificate No. G 75635 was placed on probation for three years, subject to various  
23 terms and conditions of probation. That decision is now final and is incorporated by reference as  
24 if fully set forth herein.

25 25. Complainant further alleges that on or about October 5, 2018, the Board issued a  
26 Decision and Order that became effective on or about November 2, 2018, in an action entitled, *In*  
27 *the Matter of the Accusation Against Christopher Holden, M.D.*, Medical Board of California  
28 Case No. 800-2015-011300. In that matter, and as a result of Respondent's negligent care and

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:

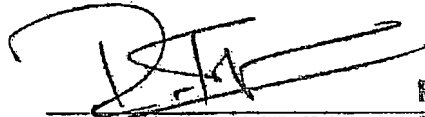
9 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 75635, issued  
10 to Respondent, Christopher Holden, M.D.;

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 DATED: APR 05 2022

18   
19 For: WILLIAM PRASIFKA Reji Varghese  
20 Executive Director Deputy Director  
21 Medical Board of California  
22 Department of Consumer Affairs  
23 State of California  
24 Complainant

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