

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

In the Matter of the Accusation  
Against:

Justin Dominic Paquette, M.D.

Physician's & Surgeon's  
Certificate No. A 91868

Respondent.

Case No. 800-2019-059020

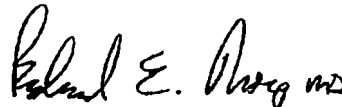
DECISION

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 February 16, 2024.

IT IS SO ORDERED: January 18, 2024.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, MD  
Panel B

1 ROB BONTA  
Attorney General of California  
2 MICHAEL C. BRUMMEL  
Supervising Deputy Attorney General  
3 JANNSEN TAN  
Deputy Attorney General  
4 State Bar No. 237826  
1300 I Street, Suite 125  
5 P.O. Box 944255  
Sacramento, CA 94244-2550  
6 Telephone: (916) 210-7549  
Facsimile: (916) 327-2247  
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 Accusation Against:

Case No. 800-2019-059020

13 **JUSTIN DOMINIC PAQUETTE, M.D.**  
14 **Justin D. Paquette, M.D.**

OAH No. 2022110797

15 **8670 Wilshire Blvd., #200**  
16 **Beverly Hills, CA 90211**

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

17 **Physician's and Surgeon's Certificate**  
18 **No. A 91868**

Respondent.

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

23 **PARTIES**

24 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of  
25 California (Board). He brought this action solely in his official capacity and is represented in this  
26 matter by Rob Bonta, Attorney General of the State of California, by Jannsen Tan, Deputy  
27 Attorney General.  
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1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in Accusation  
3 No. 800-2019-059020, if proven at a hearing, constitute cause for imposing discipline upon his  
4 Physician's and Surgeon's Certificate.

5 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case  
6 or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right  
7 to contest those charges.

8 11. Respondent does not contest that, at an administrative hearing, complainant could  
9 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-  
10 2019-059020, a true and correct copy of which is attached hereto as Exhibit A, and that he has  
11 thereby subjected his Physician's and Surgeon's Certificate, No. A 91868 to disciplinary action.

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

15 **RESERVATION**

16 13. The admissions made by Respondent herein are only for the purposes of this  
17 proceeding, or any other proceedings in which the Medical Board of California or other  
18 professional licensing agency is involved, and shall not be admissible in any other criminal or  
19 civil proceeding.

20 **CONTINGENCY**

21 14. This stipulation shall be subject to approval by the Medical Board of California.  
22 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
23 Board of California may communicate directly with the Board regarding this stipulation and  
24 settlement, without notice to or participation by Respondent or his counsel. By signing the  
25 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
26 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
27 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
28 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal

1 action between the parties, and the Board shall not be disqualified from further action by having  
2 considered this matter.

3 **ADDITIONAL PROVISIONS**

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

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

10 **DISCIPLINARY ORDER**

11 **IT IS HEREBY ORDERED** that Physician's and Surgeon's Certificate No. A 91868  
12 issued to Respondent Justin Dominic Paquette, M.D. is hereby publicly reprimanded pursuant to  
13 Business and Professions Code, section 2227, subdivision (a) (4). This Public Reprimand, which  
14 is issued in connection Respondent's care and treatment of Patients A, B, C, and D, as set forth in  
15 Accusation No. 800-2019-059020 , is as follows:

16 "Respondent signed patient discharge summaries without knowing the author or  
17 investigating the accuracy of the medical records."

18 1. **MEDICAL RECORD KEEPING COURSE**

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

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

6 Respondent shall submit a certification of successful completion to the Board or its  
7 designee not later than 15 calendar days after successfully completing the course, or not later than  
8 15 calendar days after the effective date of the Decision, whichever is later. Failure to provide  
9 proof of successful completion to the Board or its designee within twelve (12) months of the  
10 effective date of this Decision, unless the Board or its designee agrees in writing to an extension  
11 of that time, shall constitute general unprofessional conduct and may serve as the grounds for  
12 further disciplinary action.

13 2. **INVESTIGATION/ENFORCEMENT COST RECOVERY.**

14 Respondent is hereby ordered to reimburse the Board its costs of investigation and  
15 enforcement, including, but not limited to, expert review, legal reviews, and investigation and  
16 other costs, in the amount of \$18,767.44 (eighteen thousand seven hundred sixty-seven dollars  
17 and forty-four cents). Costs shall be payable to the Medical Board of California. Failure to pay  
18 such costs shall be considered unprofessional conduct and may serve as the grounds for further  
19 disciplinary action.

20 Payment must be made in full within 365 calendar days of the effective date of the Order,  
21 or by a payment plan approved by the Medical Board of California. Any and all requests for a  
22 payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with  
23 the payment plan shall be considered unprofessional conduct and may serve as the grounds for  
24 further disciplinary action.

25 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility  
26 to repay investigation and enforcement costs, including expert review costs.

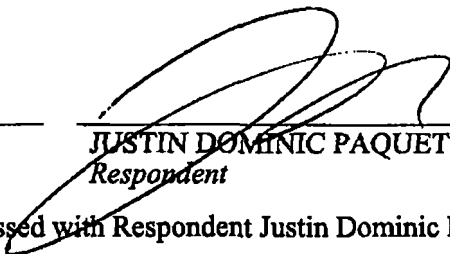
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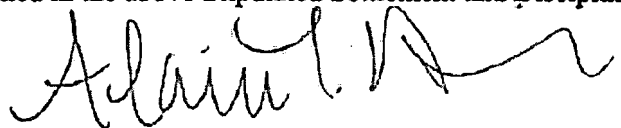
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**ACCEPTANCE**

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Alaina T. Dickens. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 10/26/23   
JUSTIN DOMINIC PAQUETTE, M.D.  
*Respondent*

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


DATED: 10/27/23   
ALAINA T. DICKENS  
*Attorney for Respondent*

**ENDORSEMENT**

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

DATED: 10/27/2023

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

  
JANNSEN TAN  
Deputy Attorney General  
*Attorneys for Complainant*

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1 ROB BONTA  
Attorney General of California  
2 STEVE DIEHL  
Supervising Deputy Attorney General  
3 JANNSEN TAN  
Deputy Attorney General  
4 State Bar No. 237826  
1300 I Street, Suite 125  
5 P.O. Box 944255  
Sacramento, CA 94244-2550  
6 Telephone: (916) 210-7549  
Facsimile: (916) 327-2247  
7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 800-2019-059020

13 **Justin Dominic Paquette, M.D.**  
14 **3800 J St., Suite 210,**  
**Sacramento, CA 95816-5551**

**A C C U S A T I O N**

15 **Physician's and Surgeon's Certificate**  
16 **No. A 91868,**

17 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 June 24, 2005, the Medical Board issued Physician's and Surgeon's  
25 Certificate Number A 91868 to Justin Dominic Paquette, M.D. (Respondent). The Physician's  
26 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on January 31, 2023, unless renewed.

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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:

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

27 **STATUTORY PROVISIONS**

28 5. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

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

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

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

9 (d) Incompetence.

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

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

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

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

#### 20 COST RECOVERY

21 7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
22 administrative law judge to direct a licensee found to have committed a violation or violations of  
23 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
24 enforcement of the case, with failure of the licensee to comply subjecting the license to not being  
25 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be  
26 included in a stipulated settlement.

#### 27 FACTUAL ALLEGATIONS

28 8. Respondent is a physician and surgeon, who at all times alleged herein worked at  
Southern California Hospital at Culver City. (SCHCC.)

#### Patient A<sup>1</sup>

9. On or about December 5, 2018, Respondent saw Patient A for an initial evaluation of  
her lumbar spine. Patient A was at the time a 55-year-old female who presented with a chief

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<sup>1</sup> Patient names have been redacted to protect patient privacy.

1 complaint of “severe dysfunctional back pain with bilateral leg radiculopathies but much more  
2 towards the right-hand side with pain, numbness and weakness down both legs which makes  
3 much of her activities rather dysfunctional.” Patient A previously had physical therapy with core  
4 strengthening and chiropractic care. Respondent documented constant 5-9/10 aching, stabbing  
5 low back pain radiating down the back of both legs to the bottom of the feet. She was unable to  
6 sit longer than 5 minutes. Patient A reported that she had lower back pain since March 2018, and  
7 sciatica for one year. She stated that she was injured when she fell from skiing.

8 10. Respondent diagnosed Patient A with L4/5 spondylolisthesis and L4/5 disk herniation  
9 and spondylosis. Respondent prescribed oral medications, and scheduled Patient A for a  
10 procedure.

11 11. On or about April 10, 2019, Respondent performed a combination of procedures,  
12 specifically, L5/S1 ILESI<sup>2</sup> with bilateral L4/5/S1 FJI<sup>3</sup> with bilateral L4/5/S1 MBB<sup>4</sup>.

13 **Patient B**

14 12. Patient B was at the time a 55-year-old female who was evaluated by Respondent on  
15 or about December 17, 2018, and then subsequently underwent a L4-S1 lumbar decompression  
16 and fusion procedure on March 19, 2019, at SCHCC due to persistent low back pain and radicular  
17 symptoms despite multiple epidural steroid injections.

18 13. Respondent documented that he performed a “Lumbar-four-sacral one posterior  
19 spinal fusion and decompression with bone marrow aspirate.” The surgery lasted approximately  
20 4.5 hours, during which arterial and central lines and foley catheter were placed. Estimated blood  
21 loss per anesthesia was 600ml and 140ml was transfused via cell-saver. Intraoperatively, an  
22 incidental durotomy was seen and repaired primarily.

23 14. Respondent in his operative summary described accessing the iliac crest for 60 ml of  
24 aspirate which was passed off the field to the operative circulating nurse to centrifuge. This

25 <sup>2</sup> Interlaminar epidural steroid injection (ILESI)- involves injecting steroid medication  
26 into the area between the spine and spinal cord. The medication helps to decrease inflammation  
and irritation of nerve roots or herniated disks.

27 <sup>3</sup> Facet Joint Injection (FJI) is a procedure of injecting local anesthetics and steroids into  
facet joints.

28 <sup>4</sup> Medical Branch Block (MBB) is a procedure in which an anesthetic is injected near  
small medial nerves connected to a specific facet joint.

1 “processed” bone marrow aspirate was then subsequently packed into the cages, and then the  
2 centrifuged plasma portion was injected into the local paraspinal musculature combined with  
3 local anesthetic. The thin serum was then mixed with antibiotics and injected through a  
4 superficial drain into the wound bed along with application to the superficial incision.

5 15. Postoperatively, Patient B was seen by Pain Management, Endocrinology, and  
6 Physiatry consultants. Patient B underwent a transfusion postoperatively for low hematocrit. The  
7 discharge summary was dictated by another provider and cosigned by Respondent.

8 **Patient C**

9 16. Patient C was at the time a 32-year-old male who was evaluated by Respondent on or  
10 about January 15, 2019, and subsequently underwent a L4-S1 lumbar decompression and fusion  
11 procedure on or about March 21, 2019, at SCHCC, and was discharged on March 28, 2019.

12 17. Patient C had symptoms of disabling low back pain and leg pain and right foot-drop  
13 despite conservative therapy.

14 18. Respondent performed a “Lumbar-four-sacral one posterior spinal fusion and  
15 decompression with bone marrow aspirate.” The surgery lasted approximately 4.5 hours, during  
16 which arterial and central lines and foley catheter were placed. Estimated blood loss per  
17 anesthesia was 750ml and 1 unit of packed red blood cells was transfused in addition to 250ml via  
18 cell-saver.

19 19. Respondent documented in his operative summary accessing the iliac crest for 60ml  
20 of aspirate, which was passed off the field to the operative circulating nurse to centrifuge. This  
21 “processed” bone marrow aspirate was then subsequently packed into the cages, and then the  
22 centrifuged plasma portion was injected into the local paraspinal musculature combined with  
23 local anesthetic. The thin serum was then mixed with antibiotics and injected through a  
24 superficial drain into the wound bed along with application to the superficial incision.

25 20. Postoperatively, Patient C was seen by Pain Management consultants. The discharge  
26 summary was dictated by another provider and signed by Respondent.

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1 **Patient D**

2 21. Patient D was at the time a 57-year-old male who was evaluated by Respondent on or  
3 about February 19, 2019, and subsequently underwent an L3-L5 lumbar decompression and  
4 fusion procedure on or about March 13, 2019, at SCHCC, and was discharged on March 18,  
5 2019.

6 22. Patient D had symptoms of disabling low back pain and leg pain and radiculopathy  
7 despite conservative therapy.

8 23. Respondent performed a "Lumbar three-lumbar five posterior spinal fusion and  
9 decompression with bone marrow aspirate." The surgery lasted approximately six hours, during  
10 which arterial and central lines and foley catheter were placed. Estimated blood loss per  
11 anesthesia was 550ml and 210ml was transfused via cell-saver.

12 24. Respondent documented in his operative summary accessing the iliac crest for 60ml  
13 of aspirate, which was passed off the field to the operative circulating nurse to centrifuge. This  
14 "processed" bone marrow aspirate was then subsequently packed into the cages, and then the  
15 centrifuged plasma portion with stem cells was injected into the local paraspinal musculature.  
16 The thin serum was then mixed with antibiotics and injected through a superficial drain into the  
17 wound bed along with application to the superficial incision.

18 25. Postoperatively, Patient D was seen by Pain Management and Physiatry consultants.  
19 Paraplegia was identified as a secondary diagnosis, and then referenced in the discharge summary  
20 by another provider and authenticated by Respondent on or about April 22, 2019.

21 26. In an interview with Board investigators, Respondent admitted that Patient D's  
22 diagnosis of Paraplegia in the discharge summary was a mistake, and that he co-signed Patient's  
23 B, C, and D's discharge summaries without knowing the author or investigating its accuracy.

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

DATED: AUG 17 2022

  
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WILLIAM PRASIFKA  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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