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

In the Matter of the Accusation Against:	)	
EDWARD MICHAEL LINZEY, M.D.	)	Case No. 800-2015-013454
Physician's and Surgeon's Certificate No. A25389	)	
Respondent	)	

DECISION

The attached Stipulated Surrender of Certificate 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 June 7, 2018.

IT IS SO ORDERED May 31, 2018.

MEDICAL BOARD OF CALIFORNIA

By: Kimberly Kirchmeyer
Executive Director

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **EDWARD MICHAEL LINZEY, M.D.** 23 Sonrisa Irvine, California 92620 Physician's and Surgeon's Certificate A 25389, Respondent.	Case No. 800-2015-013454 **STIPULATED SURRENDER OF CERTIFICATE**

In the interest of a prompt and speedy resolution of this matter, consistent with the public interest and the responsibility of the Medical Board of California, Department of Consumer Affairs (Board), the parties hereby agree to the following Stipulation for Surrender of Certificate which will be submitted to the Board for its approval and adoption as the final disposition of Case No. 800-2015-013454.

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California, Department of Consumer Affairs, who brought this action solely in her official capacity. She is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Margaret J. Phe, Deputy Attorney General.

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2. Respondent is represented in this matter by attorneys Dennis K. Ames, Esq. and Pogey Henderson, Esq. of La Follette, Johnson, DeHaas, Fesler & Ames, 2677 N. Main Street, Suite 901, Santa Ana, CA 92705.

3. On July 2, 1973, the Medical Board issued Physician's and Surgeon's Certificate Number A25389 to Edward Michael Linzey, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein, and will expire on July 31, 2018, unless renewed.

JURISDICTION

4. On March 1, 2018, Accusation No. 800-2015-013454 (Accusation) was filed before the Board and is currently pending against Respondent. The Accusation, together with all other statutorily required documents, was duly served on Respondent, who filed a timely Notice of Defense. A copy of Accusation No. 800-2015-013454 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, discussed with counsel, and understands the charges and allegations in the Accusation. Respondent has also carefully read, discussed with counsel, and understands the effects of this Stipulation for Surrender of Certificate.

6. 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 be represented by counsel at his own expense; 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.

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

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ACKNOWLEDGMENTS

8. Respondent understands and agrees that the charges and allegations in the Accusation, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate. Respondent hereby gives up his right to contest these charges and he agrees that his Physician's and Surgeon's Certificate is subject to discipline for unprofessional conduct.

9. Respondent desires and agrees to surrender his Physician's and Surgeon's Certificate for the Board's formal acceptance, thereby giving up his right to practice medicine in the State of California.

RESERVATION

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

CONTINGENCY

11. Pursuant to section 2224(b) of the Code, this Stipulation shall be subject to the approval of the Board. Respondent understands and agrees that Board staff and counsel for Complainant may communicate directly with the Board regarding this Stipulation, without notice to or participation by Respondent or his attorney. If the Board fails to adopt this Stipulation as its Order in this matter, the Stipulation shall be of no force or effect; it shall be inadmissible in any legal action between the parties; and the Board shall not be disqualified from further action in this matter by virtue of its consideration of this Stipulation.

12. The parties understand and agree that facsimile and electronic format copies of this Stipulation for Surrender of Certificate, including facsimile and electronic format signatures thereto, shall have the same force and effect as the originals.

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STIPULATION AND ORDER

IT IS THEREFORE STIPULATED AND ORDERED as follows:

1. **SURRENDER** Respondent hereby agrees that he will surrender his wall and wallet Physician's and Surgeon's Certificates and all other indicia of his right to practice medicine in the State of California to the Board or its representative on or before the effective date of this Decision, and the Board agrees to accept this surrender in resolution of this matter.

2. **REINSTATEMENT** Respondent fully understands and agrees that if he ever files an application for re-licensure or reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time any petition is filed, including but not limited to Business and Professions Code section 823, and he understands and agrees that all of the allegations and causes for discipline contained in Accusation No. 800-2015-013454 will be deemed to be true, correct and admitted by him for purposes of the Board's determination whether to grant or deny the petition. Respondent understands and agrees that he may not petition for reinstatement for at least three years from the effective date of this Decision. Respondent hereby waives any time-based defense he might otherwise have to the charges contained in Accusation No. 800-2015-013454 including, but not limited to, the statute of limitations or equitable defense of laches.

3. Respondent understands that by signing this Stipulation, he is enabling the Board to issue its order accepting the surrender of his license without further process. He further understands that upon acceptance of this Stipulation by the Board, he will no longer be permitted to practice as a physician and surgeon in California.

ACCEPTANCE

I have carefully read the above Stipulation for Surrender of Certificate, and enter into it freely and voluntarily and with full knowledge of its force and effect, and do hereby agree to surrender my Physician's and Surgeon's Certificate No. A25389 to the Medical Board of California for its formal acceptance. By signing this Stipulation to surrender my license, I recognize that as of the effective date of this Decision, I will lose all rights and privileges as a

physician and surgeon in the State of California and, if I have not already done so, I also will cause to be delivered to the Board both my license and wallet certificates on or before the effective date of the Decision.

Dated: 5/17/2018

Edward Michael Linzey M.D.

EDWARD MICHAEL LINZEY, M.D.
Respondent

APPROVAL

I have read and fully discussed with Respondent Edward Michael Linzey, M.D., the terms and conditions and other matters contained in the Stipulation for Surrender of Certificate. I approve its form and content.

Dated: 5/18/18

La Follette, Johnson, DeHaas, Fesler & Ames

Pogey Henderson

DENNIS K. AMES
POGEY HENDERSON
Attorneys for Respondent

ENDORSEMENT

The foregoing Stipulation for Surrender of Certificate is respectfully submitted for consideration by the Medical Board of California, Department of Consumer Affairs.

Dated: 5/18/18

XAVIER BECERRA
Attorney General of California

(for)

MARGARET J. PHE
Deputy Attorney General
Attorneys for Complainant

EXHIBIT A

XAVIER BECERRA
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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO March 1, 2018
BY: [illegible] ANALYST

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

In the Matter of the Accusation Against: EDWARD MICHAEL LINZEY, M.D. 23 Sonrisa Irvine, California 92620 Physician's and Surgeon's Certificate A 25389, Respondent.	Case No. 8002015013454 **A C C U S A T I O N**

Complainant alleges:

PARTIES

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

2. On July 2, 1973, the Medical Board issued Physician's and Surgeon's Certificate Number A 25389 to Edward Michael Linzey, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2018, unless renewed.

JURISDICTION

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

4. The Medical Practice Act ("Act") is codified at sections 2000-2521 of the Business and Professions Code.

5. Pursuant to Code section 2001.1, the Board's highest priority is public protection

6. Section 2004 of the Code states:

"The board shall have the responsibility for the following:

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

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

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

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

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

"..."

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

8. Section 2234 of the Code, states:

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

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

"(b) Gross negligence.

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

the applicable standard of care shall constitute repeated negligent acts.

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

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

"(d) Incompetence.

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

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

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

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

9. Section 820 of the Code states:

"Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to Section 822."

10. Section 822 of the Code states:

"If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

"(a) Revoking the licentiate's certificate or license.

"(b) Suspending the licentiate's right to practice.

"(c) Placing the licentiate on probation.

"(d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

"The licensing section shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

11. Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code in that he was grossly negligent in the care and treatment of Patient 1. The circumstances are as follows:

12. On or about August 17, 2006, Respondent established care with Patient 1 for prenatal care of a twin pregnancy. During the pregnancy, an ultrasound revealed a 7.7 cm left pelvic cystic mass, which appeared to be separate from the left ovary.

13. On or about February 23, 2007, Patient 1 underwent a Cesarean section for delivery of the twins. However, no cyst was visualized in her pelvis at that time.

14. In July 2009, Patient 1 presented to Respondent's office with another pregnancy.

15. On or about September 28, 2009, a repeat in-office ultrasound was performed and again revealed a pelvic cyst measuring approximately 8 cm.

16. On February 2, 2010, Patient 1 underwent a Cesarean section, but no cyst was found.

17. On or about July 29, 2011, Patient 1 returned to Respondent's office for a routine

exam. An in-office ultrasound revealed a 7.3 cm cyst in the left pelvis. Respondent prescribed the patient birth control pills and instructed her to return in three to four months.

18. On October 3, 2011, Patient 1 returned to Respondent's office. Respondent documented that the cyst was unchanged, and he diagnosed the patient with persistent ovarian or paraovarian[1] cyst. Respondent also referred Patient 1 to a physician who performed robotic-assisted ovarian cystectomy.[2]

19. On January 23, 2012, Patient 1 returned to Respondent's office. Respondent noted that the cyst was unchanged. Respondent again referred Patient 1 to the physician who performed robotic-assisted ovarian cystectomy. However, the physician was reportedly unable to perform the surgery since he was moving to out of state. Respondent then recommended that he perform the surgery himself through a laparotomy[3] incision. Patient 1 eventually agreed to Respondent performing the surgery, which was scheduled for April 6, 2012.

20. On March 29, 2012, Patient 1 signed a consent for surgery form. On April 2, 2012, Respondent performed Patient 1's preoperative history and physical.

21. On April 6, 2012, Respondent performed an exploratory laparotomy on the patient under general anesthesia. The diagnosis was a left ovarian cyst.[4] The patient consent was for a laparotomy, ovarian cystectomy and possible left oophorectomy.[5] During the surgery, both ovaries and tubes were normal. A retroperitoneal[6] presacral[7] mass was noted that was the

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[1] A paraovarian cyst is adjacent or in proximity to the ovary.

[2] Cystectomy refers to the removal of a cyst.

[3] A laparotomy is a surgical incision into the abdominal cavity used to examine the abdominal organs and aid diagnosis.

[4] A cyst is a closed sac with a defined membrane and division on the nearby tissue. Cysts may contain fluid, air or semisolid material.

[5] Oophorectomy is the surgical removal of an ovary or ovaries.

[6] Retroperitoneal refers to behind or external to the peritoneum (the smooth serous membrane which lines the cavity of the abdomen).

[7] The anterior aspect of the sacrum, which is a triangular bone in the lower back formed from fused vertebrae and situated between the two hipbones of the pelvis.

approximate diameter of the cystic mass noted on the previous ultrasounds. Respondent, with the assistance of another physician, opened the patient's retroperitoneal space, partially dissected the mass, but found it difficult to mobilize. Respondent then aspirated fluid from the mass and opened the wall of the mass. Respondent removed approximately 60% of the wall with the remaining portion left intact and open. Postoperatively, Patient 1 began having complications. She complained of bladder pain, feeling cold, and headaches.

22. On April 16, 2012, Patient 1 complained of a headache, which Respondent felt could be a spinal headache. Respondent was concerned that the cyst was in fact a meningocele[8] so he ordered a magnetic resonance imaging (MRI)[9] and referred Patient 1 to a neurosurgeon. The MRI was consistent with congenital[10] hypoplasia[11] of the sacrum below S3[12] level with continuation of the thecal[13] sac into the pelvic space and a 6.2 cm meningocele present. The pathology report showed histologic features of a myelomeningocele.[14] Patient 1 continued to have worsening headaches, bladder dysfunction, bladder pain, and sacral pain. Patient 1 subsequently started treatment with a urologist for urinary urgency, frequency, incontinence, and bladder pain. Her spinal headaches continued to be difficult to manage due to continued leakage of spinal fluid from the unroofed meningocele. A repair of the sacral meningocele was eventually performed by a neurosurgeon. However, Patient 1 continued to experience headaches post-operatively as a result of the changes in the cerebral spinal fluid pressure. She was treated with

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[8] A meningocele is a protrusion of the meninges (the three membranes covering the brain and spinal cord) through an opening in the skull or spinal column, forming a bulge or sac filled with cerebrospinal fluid.

[9] An MRI is a noninvasive diagnostic technique that produces computerized images of internal body tissues and is based on nuclear magnetic resonance of atoms within the body induced by the application of radio waves.

[10] Congenital refers to present from birth.

[11] Hypoplasia is underdevelopment or incomplete development of a tissue or organ.

[12] S3 refers to the third sacral vertebrae.

[13] Thecal is the loose sheath enclosing the spinal cord.

[14] Myelomeningocele is the protrusion of the spinal cord and its membranes through a defect in the vertebral column.

Diamox,[15] but may require a shunt to control the elevated intracranial pressure resulting from her body producing more spinal fluid than necessary.

23. On April 6, 2012, while performing Patient 1's surgery, Respondent should have requested an intraoperative consult with a general surgeon or neurosurgeon when he did not find any abnormality with the gynecologic organs and when he did not find a retroperitoneal presacral mass upon further examination in the pelvis. If an intraoperative consult was unavailable, Respondent should have documented the location and size of the mass and closed the patient up. Respondent committed an extreme departure from the standard of care when he proceeded to open Patient 1's retroperitoneal space, open the mass, and try to drain cerebrospinal fluid from the area, which created significant risk of neurological injury to Patient 1 and was outside the scope of practice for an obstetrician/gynecologist.

SECOND CAUSE FOR DISCIPLINE

(Incompetence)

24. Respondent is subject to disciplinary action under section 2234, subdivision (d), of the Code in that Respondent demonstrated his lack of knowledge for proceeding to do a surgical procedure on Patient 1 that was completely outside the scope of practice for an obstetrician/gynecologist.

25. The facts and circumstances set forth in paragraphs 12 through 23 are incorporated by reference as if set forth in full herein.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

26. Respondent is subject to disciplinary action under section 2234 of the Code in that he committed acts of unprofessional conduct.

27. The facts and circumstances set forth in paragraphs 12 through 24 are incorporated by reference as if set forth in full herein.

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[15] Acetazolamide, sold under the trade name Diamox, is a carbonic anhydrase inhibitor that is used to treat glaucoma, epileptic seizures, benign intracranial hypertension and altitude sickness. It is also used to decrease generation of cerebrospinal fluid in benign intracranial hypertension.

FOURTH CAUSE FOR DISCIPLINE

(Physical and Mental Incompetency)

28. Respondent's license is subject to disciplinary action under sections 820 and 822 of the Code in that his ability to practice his profession safely is impaired due to mental or physical illness affecting competency.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 25389, issued to Edward Michael Linzey, M.D.;

2. Revoking, suspending or denying approval of his authority to supervise physician assistants and advanced practice nurses;

3. If placed on probation, ordering him to pay the Board the costs of probation monitoring; and

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

DATED: March 1, 2018

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
State of California
Complainant

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