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

In the Matter of the Accusation Against: **Edward Thomas Chappell, M.D.** **Physician's and Surgeon's Certificate No. G 78763** **Respondent.**	**Case No.: 800-2018-045110**

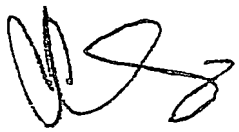
DECISION

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 April 8, 2022.

IT IS SO ORDERED: March 10, 2022.

MEDICAL BOARD OF CALIFORNIA



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

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

In the Matter of the Accusation Against: **EDWARD THOMAS CHAPPELL, M.D.** **16702 Valley View Ave.** **La Mirada, CA 90638** **Physician's and Surgeon's Certificate No. G 78763,** Respondent.	Case No. 800-2018-045110 OAH No. 2021060601 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Christine A. Rhee, Deputy Attorney General.

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2. Respondent Edward Thomas Chappell, M.D. (Respondent) is represented in this proceeding by attorney Kevin D. Cauley, Esq., whose address is: 624 South Grand Avenue, 22nd Floor, Los Angeles, CA 90017-3323.

3. On or about May 4, 1994, the Board issued Physician's and Surgeon's Certificate No. G 78763 to Respondent. Physician's and Surgeon's Certificate No. G 78763 was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2018-045110, and will expire on January 31, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2018-045110 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 May 12, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A true and correct copy of Accusation No. 800-2018-045110 is attached as Exhibit A and incorporated by reference herein.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2018-045110. 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 had the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations contained in Accusation No. 800-2018-045110, and that he has thereby subjected his license to disciplinary action.

10. Respondent agrees that if he ever petitions for early termination of probation or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2018-045110 shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

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

CONTINGENCY

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

ADDITIONAL PROVISIONS

13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final, and exclusive embodiment of the agreements of the parties in the above-listed matter.

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14. The parties agree that copies of this Stipulated Settlement and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

15. 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 78763 issued to Respondent Edward Thomas Chappell, M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years from the effective date of the Board's Decision and Order on the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. 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.

3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program 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 program would have been approved by the Board or its designee had the program 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 program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

4. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor, the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine, and whether Respondent is practicing medicine

safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

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

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

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

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

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

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

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

9. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; and Quarterly Declarations.

12. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

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

14. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of

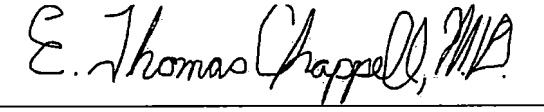
California and delivered to the Board or its designee no later than January 31 of each calendar year.

16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2018-045110 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Kevin D. Cauley, Esq. 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: 1/7/22



EDWARD THOMAS CHAPPELL, M.D.
Respondent

I have read and fully discussed with Respondent Edward Thomas Chappell, 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: January 10, 2022

KEVIN D. CAULEY, ESQ.
Attorney 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: January 10, 2022

Respectfully submitted,

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

CHRISTINE A. RHEE
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-045110

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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:	Case No. 800-2018-045110
EDWARD THOMAS CHAPPELL, M.D. **16702 Valley View Ave.** **La Mirada, CA 90638** **Physician's and Surgeon's Certificate No. G 78763,** Respondent.	**ACCUSATION**

PARTIES

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

2. On or about May 4, 1994, the Medical Board issued Physician's and Surgeon's Certificate No. G 78763 to Edward Thomas Chappell, M.D. (Respondent). Physician's and Surgeon's Certificate No. G 78763 was in full force and effect at all times relevant to the charges brought herein and will expire on January 31, 2022, unless renewed.

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

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government 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:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> ...

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

> 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:
>
> ...
>
> (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.

...

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.

FIRST CAUSE FOR DISCIPLINE
(Gross Negligence)

7. Respondent has subjected his Physician's and Surgeon's Certificate No. G 78763 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that Respondent committed gross negligence in his care and treatment of Patient A,[1] as more particularly alleged hereafter:

8. On or about April 2, 2014,[2] Patient A saw Respondent, a neurosurgeon, for issues related to a work-related injury which occurred in or around November 2013. Patient A, a 38-year old female bus driver, had developed constant back pain that had limited her ability to work.

9. Before this visit on or about April 2, 2014, Patient A had obtained MRI studies without contrast of her cervical and dorsal spines on or about March 28, 2014 and March 31, 2014. These studies showed that Patient A had an 11 x 7 millimeter broad based, possibly calcified mass at T8-9[3] which was compressing the spinal cord and displacing it posteriorly, and a possible additional mass at T12-L1.[4]

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[1] The patient's name has been omitted to protect her privacy.

[2] Conduct occurring more than seven (7) years from the filing date of this Accusation or more than three (3) years from notification to the Board is for informational purposes only and is not alleged as a basis for disciplinary action.

[3] The spine consists of vertebrae and is separated into five sections: cervical (neck), thoracic (middle back), lumbar (lower back), sacrum, and coccyx (tailbone). Each vertebra is categorized by section and number, starting from the top of the neck and moving down towards the feet. T8-9 therefore refers to the area between the eighth and ninth vertebrae in the thoracic section.

[4] T12-L1 refers to the area between the twelfth vertebra in the thoracic section and the first vertebra in the lumbar section.

10. According to Respondent's progress note for the visit on or about April 2, 2014, Patient A complained of pain in the left deltoid and left subscapular and pectoral areas radiating into the posterior cervical area. Patient A's neurological examination was normal. Respondent noted the findings from the two prior MRIs without contrast. He stated that MRIs with contrast of the thoracic and lumbar spines were needed to further delineate the masses. Respondent postulated that there was focal, diffuse ossification of the posterior longitudinal ligament,[5] but that disc herniations[6] and meningiomas[7] could not be excluded. Respondent's recommended treatment included minimally invasive laminectomies[8] at T8-9 and T12-L1 to resect the masses.

11. Respondent's records for Patient A include a pre-operative order form dated on or about April 2, 2014. The planned procedures were listed as T8-9 and T12-L1 laminectomies for resection of masses.

12. On or about April 22, 2014, Patient A's workers' compensation insurance company responded to Respondent's treatment recommendations. Patient A's insurance authorized the MRIs with contrast for the dorsal and lumbar spines but denied Respondent's request to proceed with surgery. The insurance company reviewer determined that Patient A had spinal cord compression at T8-9 which was asymptomatic, as Patient A had no corresponding symptoms in her lower extremities.

13. On or about April 24, 2014, Respondent drafted a letter to Patient A's insurance company appealing the reviewer's findings. Respondent wrote that "[p]roper diagnosis and treatment required ... the operative removal of the [T8-9] lesion." He also stated that a contrast MRI of the lumbar spine was necessary to rule out a tumor for the other lesion, and that "[i]f contrast MRI excluded or greatly diminished the possibility of tumor, then resection of this lesion may not be indicated and the request for authorization would be withdrawn."

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[5] A condition in which the posterior longitudinal ligament thickens and becomes less flexible.

[6] A disc herniation is a condition in which a disc between two vertebrae is abnormally pushed out of place, possibly causing nerve compression.

[7] A meningioma is a tumor.

[8] A laminectomy is a surgical procedure used to treat spinal stenosis by relieving pressure on the spinal cord. In a laminectomy, the lamina is removed to enlarge the spinal canal. The lamina is the flattened or arched part of the vertebral arch which forms the roof of the spinal canal.

14. On or about April 25, 2014, Patient A submitted to another thoracic spine MRI. Although an MRI with contrast was requested, the contrast could not be performed because venous peripheral access could not be established. The findings from this MRI included central stenosis with cord compression of moderate degree at T8-9 and mild to moderate degree at T12-L1. These findings were consistent with disc protrusions rather than mass lesions.

15. On or about April 26, 2014, Patient A submitted to a lumbar spine MRI with contrast. The MRI report does not mention contrast enhancement of the L1-L2[9] disc protrusion, which is inconsistent with a mass.

16. On or about May 13, 2014, Patient A's insurance company responded to Respondent's treatment recommendations. Respondent's request to proceed surgically was denied, as the diagnostic work-up was incomplete.

17. On or about May 14, 2014, Patient A returned to Respondent's office. In his report for this visit, Respondent noted that Patient A had "2 large lesions in each of her thoracic and lumbar spines that were assymptomatic [sic] prior to her work injuries and are threatening permenant [sic] damage to her spinal cord. The standard of care is to resect these lesions." Respondent noted that the thoracic MRI with contrast had not been completed because of technical difficulties. According to Respondent, because this MRI had not been completed, the nature of the T8-9 lesion was still unclear, and resection of the lesion was necessary for histological analysis and decompression of the spinal cord. He re-requested a thoracic spine MRI with contrast. Respondent's treatment recommendations remained the same: minimally invasive laminectomies at T8-9 and T12-L1 to resect the two masses.

18. Three months later, on or about August 20, 2014, Patient A returned to Respondent's office. Patient A reported that her symptoms were getting worse, and that she had recently re-injured herself by striking her back against a bus pole. In his progress note, Respondent

[9] In his later operative report dated October 6, 2014, Respondent acknowledged that the medical records (i.e., the history and physical, the MRIs, the pre-printed orders form, and the written consent) referred to different levels of the spine and that the nomenclature depended on the type of counting method employed. He noted that he communicated with the radiologist who interpreted Patient A's pre-operative MRIs and had the images on hand during the surgery to ensure that the proper levels of the spine were treated.

documented that the diagnostic studies excluded the possibility of tumors and confirmed two large disc herniations at T8-9 and L1-2. His recommended treatment was a minimally invasive transpedicular approach at T8-9 and a laminectomy at T12-L1 to remove herniated discs.

19. On or about August 20, 2014, Respondent signed an order form for Anaheim Regional Medical Center in preparation for Patient A's surgery. Per the form, the scheduled date for the surgery was October 6, 2014, and the listed procedures were for T8-9 and T12-L1 discectomies.[10]

20. According to Patient A, during pre-operative discussions regarding her treatment with Respondent, Respondent told her that without surgical intervention, she would become paralyzed.

21. On or about October 6, 2014 at approximately 6:23 a.m., Patient A signed a written consent form for surgery. The procedures listed on the form are T8-9 and T12-L1 discectomies. Respondent signed and dated this form at approximately 7:20 a.m.

22. On or about October 6, 2014, Respondent performed the surgery on Patient A at Anaheim Regional Medical Center. The surgery lasted from approximately 7:55 a.m. to 11:42 a.m. According to Respondent's operative report, Patient A's pre-operative diagnoses were T9-10 and L1-2 advanced and severe focal ossification of the posterior longitudinal ligament causing severe cord compression and myelopathy,[11] and the surgical procedures performed were T9-10 and L1-2 transpedicular approaches including bilateral decompression at T9-10 and L1-2 to remove the aforementioned advanced ossification. Respondent documented that decompression of the spinal cord was achieved, although the lesion could not be completely removed. At approximately 12:00 p.m., Respondent ordered stat CT scans and MRIs of Patient A's thoracic and lumbar spines.

23. Following surgery, at approximately 12:55 p.m., CT scans of Patient A's thoracic and lumbar spines were taken. They showed extensive air in the spinal canal with the spinal cord flattened most prominently at the T12 level. They also showed soft tissue attenuation at the T8-9

[10] A discectomy is a surgical procedure to remove abnormal herniated disc material that is pressing on the spinal cord.

[11] Myelopathy is an injury to the spinal cord caused by compression.

level, possibly indicating a hematoma. These findings were communicated to Respondent by phone at approximately 1:10 p.m.

24. MRIs without contrast of Patient A's thoracic and lumbar spines were taken at approximately 2:33 p.m. The images showed cord edema at T8-9 and probable air in the spinal canal. Right paracentral bridging osteophyte versus ossification of the posterior longitudinal ligament was present causing compression of the spinal cord at T12-L1. The radiologist discussed these findings with Respondent at approximately 4:00 p.m.

25. In a post-operative progress note dictated on or about October 6, 2014, at approximately 5:03 p.m., Respondent documented that he had spoken to the radiologist about the post-operative scans, and that although she had good sensation, Patient A had weakness and minimal movement in her lower extremities. He noted that a Foley catheter was placed. Respondent documented that the CT scan indicated there was a dural rent,[12] although he did not see any cerebrospinal fluid during the surgery. His plan was to continue intravenous Decadron[13] for 48 to 72 hours, begin physical therapy, and admit Patient A to an acute post-operative inpatient rehabilitation facility.

26. On or about October 7, 2014, Respondent noted that he spoke to Patient A and her family, and that she had no change in status.

27. On or about October 8, 2014, Respondent noted that Patient A's pain was sufficiently controlled to begin rehab, and that Decadron would be discontinued the following day. Patient A had no change in status.

28. On or about October 8, 2014, H.A.R., M.D., an internist, examined Patient A for abdominal pain and constipation. He noted that Patient A had developed complete paralysis of the lower extremities following surgery, and that she had a Foley catheter for urine incontinence.

29. On or about October 15, 2014, Patient A was discharged and transferred to an acute rehabilitation facility.

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[12] A dural rent is a tear in the dura mater, which is the outermost layer of connective tissue that surrounds and protects the brain and spinal cord.

[13] Decadron, brand name for dexamethasone, is a steroid used to treat inflammation.

30. On or about October 18, 2014, Respondent documented that Patient A had been transferred from her acute rehabilitation facility to the hospital and underwent another spinal surgery performed by a different neurosurgeon. Respondent noted that he had visited Patient A at her acute rehabilitation facility and that she had no changes to her paraplegia.

31. Respondent committed gross negligence in his care and treatment of Patient A which includes, but is not limited to, the following:

a. Respondent inaccurately reported an association with Patient A's subjective complaints with the findings from the diagnostic imaging, mischaracterized Patient A's pre-operative condition, and reported pre-operative diagnoses that were not supported by the diagnostic imaging and physical examination findings;

b. Respondent failed to obtain the contrast MRI of the thoracic spine, one of his own recommendations when he began treating Patient A;

c. Respondent failed to obtain and/or document supporting evidence that would demonstrate that the requested surgery was medically indicated;

d. Respondent failed to obtain and/or document adequate informed consent from Patient A, as evidenced by the inconsistencies in the documentation regarding the type of operation performed and the overstatement to Patient A that without surgical intervention, she would become paralyzed;

e. Respondent opted to use a transpedicular approach rather than a postero-lateral approach which would have improved visualization and provided for a safer resection, and decided not to use intra-operative neuromonitoring to help identify any issues that may arise; and

f. Respondent failed to take Patient A back to surgery after the diagnostic imaging indicated that she had an incomplete spinal cord injury with spinal cord compression.

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SECOND CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

32. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 78763 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and treatment of Patient A, as more particularly alleged in paragraphs 8 through 31, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE
(Failure to Maintain Adequate and Accurate Records)

33. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 78763 under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records for Patient A, as more particularly alleged in paragraphs 8 through 32, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. G 78763, issued to Respondent Edward Thomas Chappell, M.D.;

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

3. Ordering Respondent Edward Thomas Chappell, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: MAY 12 2021

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

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