

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

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

Israel Pedro Chambi Venero, M.D.

**Physician's and Surgeon's
Certificate No. A 34163**

Case No.: 800-2019-057287

Respondent.

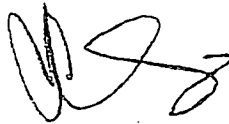
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on July 24, 2023.

IT IS SO ORDERED: June 23, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 KAROLYN M. WESTFALL
Deputy Attorney General
4 State Bar No. 234540
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9465
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **ISRAEL PEDRO CHAMBI VENERO, M.D.**
15 **801 N. Tustin Ave., Suite 406**
Santa Ana, CA 92705

16 **Physician's and Surgeon's Certificate**
17 **No. A 34163,**

18 Respondent.

Case No. 800-2019-057287

OAH No. 2022060812

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

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

22 **PARTIES**

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

27 _____
28 ¹ Effective December 31, 2022, William Prasifka retired as Executive Director of the Board.

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 2019-057287, and agrees that he has thereby subjected his Physician's and Surgeon's Certificate
5 No. A 34163 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. 800-2019-057287, 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 34163 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. Respondent agrees that if he ever petitions for early termination or modification of
27 probation, or if an accusation and/or petition to revoke probation is filed against him before the
28 Board, all of the charges and allegations contained in Accusation No. 800-2019-057287 shall be

1 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
2 other licensing proceeding involving Respondent in the State of California.

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

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

9 **DISCIPLINARY ORDER**

10 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 34163 issued
11 to Respondent Israel Pedro Chambi Venero, M.D., is revoked. However, the revocation is stayed
12 and Respondent is placed on probation for four (4) years from the effective date of the Order on
13 the following terms and conditions:

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

24 2. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the effective
25 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
26 advance by the Board or its designee. Respondent shall provide the approved course provider
27 with any information and documents that the approved course provider may deem pertinent.
28 Respondent shall participate in and successfully complete the classroom component of the course

1 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
2 complete any other component of the course within one (1) year of enrollment. The medical
3 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
4 Medical Education (CME) requirements for renewal of licensure.

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

10 Respondent shall submit a certification of successful completion to the Board or its
11 designee not later than 15 calendar days after successfully completing the course, or not later than
12 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

10 The monitor shall submit a quarterly written report to the Board or its designee which
11 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
12 are within the standards of practice of medicine, and whether Respondent is practicing medicine
13 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
14 that the monitor submits the quarterly written reports to the Board or its designee within 10
15 calendar days after the end of the preceding quarter.

16 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
17 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
18 name and qualifications of a replacement monitor who will be assuming that responsibility within
19 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
20 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
21 notification from the Board or its designee to cease the practice of medicine within three (3)
22 calendar days after being so notified. Respondent shall cease the practice of medicine until a
23 replacement monitor is approved and assumes monitoring responsibility.

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

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

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

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

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

16 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
17 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of
18 \$28,048.75 (twenty-eight thousand forty-eight dollars and seventy-five cents). Costs shall be
19 payable to the Medical Board of California. Failure to pay such costs shall be considered a
20 violation of probation.

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

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

27 8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
28 under penalty of perjury on forms provided by the Board, stating whether there has been

1 compliance with all the conditions of probation.

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

4 9. GENERAL PROBATION REQUIREMENTS.

5 Compliance with Probation Unit

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

7 Address Changes

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

13 Place of Practice

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

17 License Renewal

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

20 Travel or Residence Outside California

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

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

27 10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
28 available in person upon request for interviews either at Respondent's place of business or at the

1 probation unit office, with or without prior notice throughout the term of probation.

2 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
3 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
4 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
5 defined as any period of time Respondent is not practicing medicine as defined in Business and
6 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
7 patient care, clinical activity or teaching, or other activity as approved by the Board. If
8 Respondent resides in California and is considered to be in non-practice, Respondent shall
9 comply with all terms and conditions of probation. All time spent in an intensive training
10 program which has been approved by the Board or its designee shall not be considered non-
11 practice and does not relieve Respondent from complying with all the terms and conditions of
12 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
13 on probation with the medical licensing authority of that state or jurisdiction shall not be
14 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
15 period of non-practice.

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

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

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

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

28 ///

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

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

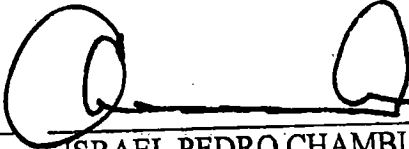
14 14. LICENSE SURRENDER. Following the effective date of this Decision, if
15 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
16 the terms and conditions of probation, Respondent may request to surrender his or her license.
17 The Board reserves the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

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

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon, 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: 2-2-23


ISRAEL PEDRO CHAMBI VENERO, M.D.
Respondent

I have read and fully discussed with Respondent Israel Pedro Chambi Venero, 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: February 2, 2023


RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 2/2/23

Respectfully submitted,

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

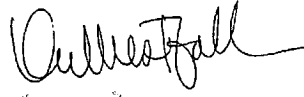

KAROLYN M. WESTFALL
Deputy Attorney General
Attorneys for Complainant

Exhibit A
Accusation No. 800-2019-057287

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 KAROLYN M. WESTFALL
Deputy Attorney General
4 State Bar No. 234540
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9465
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2019-057287

14 **ISRAEL PEDRO CHAMBI VENERO, M.D.**
801 N. Tustin Ave., Suite 406
15 Santa Ana, CA 92705.

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. A 34163,**

18 **Respondent.**

19
20 **PARTIES**

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

24 2. On or about July 30, 1979, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A 34163 to Israel Pedro Chambi Venero, 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.

28 ///

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:

(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.

...

///

///

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

COST RECOVERY

7. Business and Professions Code section 125.3 states that:

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

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

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

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

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

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

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

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

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs

1 to be available upon appropriation by the Legislature.

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

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

7 **FIRST CAUSE FOR DISCIPLINE**

8 **(Gross Negligence)**

9 8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 34163 to
10 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
11 the Code, in that he was grossly negligent in his care and treatment of Patient A,¹ as more
12 particularly alleged hereinafter:

13 9. On or about November 7, 2017, Patient A, a then seventy-seven year-old male who
14 resided in Arizona, presented to Respondent in California for a neurosurgical consultation.
15 Patient A had been in a motor vehicle accident on or about December 22, 2016, and complained
16 of severe back pain that radiated into his left leg, severe neck pain associated with weakness and
17 numbness sensation in both hands, especially his left hand, and severe neck stiffness causing
18 occipital headaches. Respondent performed a physical examination, noted the patient had a
19 positive Spurling test, and ordered EMG and nerve conduction studies, x-rays, and an MRI of the
20 cervical spine.

21 10. On or about November 9, 2017, an EMG and nerve conduction study of Patient A's
22 upper extremities were consistent with left C4 and C5 radiculopathy. An x-ray of Patient A's
23 cervical spine revealed 2 mm of retrolisthesis² at C4-C5 and some degenerative disc disease at
24 C4-C5 and C6-C7. An MRI of Patient A's cervical spine revealed fusion of the C5 and C6
25 vertebral bodies with 3 mm of retrolisthesis of C5 on C6, and mild to moderate foraminal and
26 central canal stenosis at C3-C4 and C5-C6.

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

² Retrolisthesis occurs when a single vertebra slips and moves back along the
intervertebral disc underneath or above it.

1 11. On or about November 9, 2017, Respondent diagnosed Patient A with cervical
2 radiculopathy secondary to spinal cord compression at C4-C5, C5-C6, and C6-C7, and
3 recommended an anterior cervical discectomy and fusion (ACDF)³ at C4-C5, C5-C6, and C6-C7.
4 Respondent's treatment notes do not mention the MRI finding of a fusion of the C5 and C6
5 vertebral bodies.

6 12. On or about March 8, 2018, Patient A was cleared for surgery by his primary care
7 physician.

8 13. On or about March 30, 2018, Respondent performed an ACDF, arthrodesis using
9 autograft, placement of implants, and placement of anterior instrumentation on Patient A at C3-
10 C4, C4-C5, C5-C6, and C6-C7. During the surgery, Respondent identified no disc space between
11 C5-C6, where the vertebral bodies had been fused. After unsuccessfully attempting to open the
12 disc space, Respondent then performed a partial corpectomy⁴ of the lower body of C5 and upper
13 body of C6, and placed a bone graft implant at that location.

14 14. Between on or about March 31, 2018, and on or about June 24, 2018, Respondent's
15 certified complete records reveal no post-operative visits or communication with Patient A during
16 that time period.

17 15. On or about May 18, 2018, imaging of Patient A's cervical spine revealed
18 retrolisthesis of C4 on C5 and C5 on C6.

19 16. On or about June 19, 2018, imaging of Patient A's cervical spine revealed a chronic
20 collapse of the vertebral bodies from C4 to C6, mild-to-moderate central canal stenosis and severe
21 foraminal stenosis.

22 17. On or about June 25, 2018, Respondent met with Patient A for a first post-operative
23 visit and neurological reevaluation. At this visit, the patient informed Respondent that he did well

24 ³ Anterior cervical discectomy and fusion (ACDF) is a surgery to remove a herniated or
25 degenerative disc in the neck. An incision is made in the throat area to reach and remove the disc.
26 A graft is inserted to fuse together the bones above and below the disc.

27 ⁴ Corpectomy is a surgical procedure in which the vertebral bone and the intervertebral
28 disc material is removed. The procedure is performed to relieve pain caused by stress on the
29 spinal cord and spinal nerves in the neck. This surgery involves accessing the cervical spine from
30 the front. Due to the amount of vertebral bone or disc material that has to be removed to relieve
31 pressure on the spinal cord or nerves, spinal fusion is typically needed.

1 for approximately one week after surgery, but then began to experience increasing pain in the
2 right side of his neck radiating into his right arm. After reviewing the imaging, Respondent
3 diagnosed Patient A with posterior displacement of the spinal cord secondary to retrolisthesis of
4 the vertebral bodies of C4, C5, and C6 with foraminal stenosis. Respondent recommended a
5 revision of the fusion at C3-C4, C4-C5, C5-C6, and C6-C7.

6 18. On or about June 29, 2018, Respondent performed a revision of the ACDF on Patient
7 A. Respondent's operative report indicates that this surgery involved removal of all interbody
8 hardware, corpectomy of C4, C5, and C6, arthrodesis at C3-C7 using corpectomy cage, and
9 placement of anterior plate and screws at C3 and C7. The intraoperative and postoperative
10 images reveal Respondent actually performed removal of all interbody hardware, corpectomy of
11 C5 and C6, placement of an expandable cage below the C4 vertebral body, and placement of an
12 anterior plating system from C4 through C7 with screws into C4 and C7.

13 19. On or about June 30, 2018, Respondent met with Patient A prior to his release from
14 the hospital and noted some oozing from the incision. Respondent placed three sutures at the
15 incision site and provided the patient with his cell phone to contact him with any problems.
16 Respondent did not discuss or recommend Patient A undergo a subsequent posterior cervical
17 stabilization and instrumented fusion at that time or anytime thereafter.

18 20. On or about June 30, 2018, Patient A returned to his home in Arizona.

19 21. Between on or about June 30, 2018, through on or about July 15, 2018, Respondent's
20 certified complete records reveal no scheduled post-operative visits with Patient A, and no
21 communication with Patient A or any physician about Patient A during that time period.

22 22. On or about July 13, 2018, Patient A presented to the emergency department (ED) at
23 Northwest Medical Center in Arizona, with complaints of persistent drainage from the incision, a
24 large hematoma, and severe intractable neck pain radiating down his right arm for approximately
25 one week. Neurosurgeon, Dr. R.C., was consulted and recommended Patient A return to
26 California to be evaluated by Respondent. When the ED physician called Respondent by phone,
27 Respondent informed him that he did not believe Patient A would require surgical intervention

28 ///

1 and recommended he be admitted to the hospital for observation. Patient A was then admitted to
2 the hospital for observation and evaluation.

3 23. On or about July 13, 2018, a CT of Patient A's neck revealed a likely hematoma
4 anterior to the cervical spine extending to the skin, and status post C5 and C6 corpectomy with
5 vertebral body replacement device extending between C4 and C7, and anterior fusion plate C4-C7
6 with vertebral body screws in C4 and C7.

7 24. On or about July 14, 2018, Dr. R.C. performed an exploration of Patient A's spine
8 surgery and evacuation of his hematoma. During the surgery, Dr. R.C. discovered that a
9 significant portion of the C4 vertebral body was still in place, the proximal screws were loose and
10 floating in the anterior portion of the C4 vertebral body, and the proximal portion of the plate was
11 at the level of the C4 endplate, but would telescope into the inferior C3 vertebral body. Dr. R.C.
12 scrubbed out to review the patient's earlier CT scan and confirmed the presence of significant
13 remnants of the C4 vertebral body with the proximal screws anchored into C4, with no apparent
14 screw anchoring into C3. Dr. R.C. elected to close at that time with plans to bring the patient
15 back for further revision surgery.

16 25. On or about July 14, 2018, Dr. R.C. contacted Respondent by phone. During that
17 discussion, Respondent told Dr. R.C. that he had previously performed a C4, C5, C6 corpectomy
18 on Patient A with expandable cage and instrumentation from C3-C7.

19 26. On or about July 14, 2018, additional imaging of Patient A's cervical spine revealed
20 significant spinal narrowing at C4, and retrolisthesis of C4 on C5.

21 27. On or about July 15, 2018, Dr. R.C. performed an ACDF revision on Patient A, that
22 included removal of hardware, a complete corpectomy at C4, partial corpectomy of C3,
23 placement of a corpectomy cage from C3-C7, and placement of a titanium plate and screw
24 construct from C3-C7.

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

27 A. During the patient's first surgery on or about March 30, 2018, Respondent
28 compromised the fusion segment at C4-C5 and C6-C7 by unnecessarily violating the fusion

1 across the C5-C6 vertebral body, creating a discectomy site, and removing bone within the
2 vertebral body of C5-C6.

3 B. During the patient's second surgery on or about June 29, 2018, Respondent
4 documented a surgery that was different from what he actually performed, and failed to
5 discuss or recommend Patient A undergo a subsequent posterior cervical stabilization and
6 instrumented fusion at any time.

7 **SECOND CAUSE FOR DISCIPLINE**

8 **(Repeated Negligent Acts)**

9 29. Respondent has further subjected his Physician's and Surgeon's Certificate No.
10 A 34163 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
11 subdivision (c), of the Code, in that he committed repeated negligent acts in his care and
12 treatment of Patient A, as more particularly alleged hereinafter:

13 A. Paragraphs 8 through 28(B), above, are hereby incorporated by reference and
14 realleged as if fully set forth herein; and

15 B. Failing to provide adequate peri-operative and post-operative care to Patient A.

16 **THIRD CAUSE FOR DISCIPLINE**

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

18 30. Respondent has further subjected his Physician's and Surgeon's Certificate No.
19 A 34163 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
20 Code, in that Respondent failed to maintain adequate and accurate records regarding his care and
21 treatment of Patient A, as more particularly alleged in paragraphs 8 through 29, above, which are
22 hereby incorporated by reference and realleged as if fully set forth herein.

23 **PRAYER**

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

26 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 34163, issued
27 to Respondent, Israel Pedro Chambi Venero, M.D.;

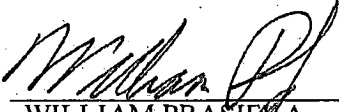
28 ///

2. Revoking, suspending or denying approval of Respondent, Israel Pedro Chambi Venero, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent, Israel Pedro Chambi Venero, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring;

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

DATED: JUN 13 2022


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

SD2022801051
83432140.docx