

1 ROB BONTA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 MARSHA E. BARR-FERNANDEZ  
Deputy Attorney General  
4 State Bar No. 200896  
300 South Spring Street, Suite 1702  
5 Los Angeles, CA 90013  
Telephone: (213) 269-6249  
6 Facsimile: (916) 731-2117  
E-mail: Marsha.BarrFernandez@doj.ca.gov  
7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

Case No. 800-2023-098947

12 **Arjang Naim, M.D.**  
13 **326 N Vermont Ave Ste. A**  
**Los Angeles, CA 90004**

OAH No.

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

14 **Physician's and Surgeon's Certificate**  
15 **No. A 74735,**

Respondent.

16  
17 **PARTIES**

18 1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as  
19 the Executive Director of the Medical Board of California, Department of Consumer Affairs  
20 (Board).

21 2. On or about May 31, 2001, the Medical Board issued Physician's and Surgeon's  
22 Certificate Number A 74735 to Arjang Naim, M.D. (Respondent). The Physician's and Surgeon's  
23 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
24 expire on January 31, 2025, unless renewed.

25 **JURISDICTION**

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

1 4. Section 2004 of the Code states:

2 The board shall have the responsibility for the following:

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

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

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

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

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

10 (f) Approving undergraduate and graduate medical education programs.

11 (g) Approving clinical clerkship and special programs and hospitals for the  
12 programs in subdivision (f).

13 (h) Issuing licenses and certificates under the board's jurisdiction.

14 (i) Administering the board's continuing medical education program.

15 5. Section 2220 of the Code states:

16 Except as otherwise provided by law, the board may take action against all  
17 persons guilty of violating this chapter. The board shall enforce and administer this  
18 article as to physician and surgeon certificate holders, including those who hold  
certificates that do not permit them to practice medicine, such as, but not limited to,  
retired, inactive, or disabled status certificate holders, and the board shall have all the  
powers granted in this chapter for these purposes including, but not limited to:

19 (a) Investigating complaints from the public, from other licensees, from health  
20 care facilities, or from the board that a physician and surgeon may be guilty of  
unprofessional conduct. The board shall investigate the circumstances underlying a  
21 report received pursuant to Section 805 or 805.01 within 30 days to determine if an  
interim suspension order or temporary restraining order should be issued. The board  
22 shall otherwise provide timely disposition of the reports received pursuant to Section  
805 and Section 805.01.

23 (b) Investigating the circumstances of practice of any physician and surgeon  
24 where there have been any judgments, settlements, or arbitration awards requiring the  
physician and surgeon or his or her professional liability insurer to pay an amount in  
25 damages in excess of a cumulative total of thirty thousand dollars (\$30,000) with  
respect to any claim that injury or damage was proximately caused by the physician's  
26 and surgeon's error, negligence, or omission.

27 (c) Investigating the nature and causes of injuries from cases which shall be  
28 reported of a high number of judgments, settlements, or arbitration awards against a  
physician and surgeon.

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6. Section 2227 of the Code states:

(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.

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

7. Section 2228 of the Code states:

The authority of the board or the California Board of Podiatric Medicine to discipline a licensee by placing him or her on probation includes, but is not limited to, the following:

(a) Requiring the licensee to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral, or both, and may be a practical or clinical examination, or both, at the option of the board or the administrative law judge.

(b) Requiring the licensee to submit to a complete diagnostic examination by one or more physicians and surgeons appointed by the board. If an examination is ordered, the board shall receive and consider any other report of a complete diagnostic examination given by one or more physicians and surgeons of the licensee's choice.

(c) Restricting or limiting the extent, scope, or type of practice of the licensee, including requiring notice to applicable patients that the licensee is unable to perform the indicated treatment, where appropriate.

(d) Providing the option of alternative community service in cases other than violations relating to quality of care.

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**STATUTORY PROVISIONS**

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 that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

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

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board no later than 30 calendar days after being notified by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

(h) Any action of the licensee, or another person acting on behalf of the licensee, intended to cause their patient or their patient's authorized representative to rescind consent to release the patient's medical records to the board or the Department of Consumer Affairs, Health Quality Investigation Unit.

(i) Dissuading, intimidating, or tampering with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.

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1 9. Unprofessional conduct under section 2234 of the Code is conduct which breaches  
2 the rules or ethical code of the medical profession or conduct which is unbecoming a member in  
3 good standing of the medical profession and which demonstrates an unfitness to practice  
4 medicine. (Shea v. Bd. of Medical Examiners (1978) 81 Cal.App.3d 564, 575.)

5 **COST RECOVERY**

6 10. Section 125.3 of the Code states:

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

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

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

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

28 (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.

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1 (h) All costs recovered under this section shall be considered a reimbursement  
2 for costs incurred and shall be deposited in the fund of the board recovering the costs  
3 to be available upon appropriation by the Legislature.

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

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

### 9 **FIRST CAUSE FOR DISCIPLINE**

#### 10 **(Unprofessional Conduct)**

11 11. Respondent Arjang Naim, M.D. is subject to disciplinary action under section 2234,  
12 subdivision (a), of the Code in that Respondent engaged in conduct that breached the rules or  
13 ethical code of the medical profession and/or which was unbecoming of a member in good  
14 standing of the medical profession, and which demonstrates an unfitness to practice medicine.

15 The circumstances are as follows:

16 12. The physician/patient relationship is inherently unequal. A physician holds a unique  
17 position of authority, therefore a physician must adhere to appropriate standards of conduct with  
18 patients at all times. While connecting with patients and building rapport are essential  
19 components to the physician/patient relationship, professional boundaries are also an essential  
20 component of the physician/patient relationship. The physician/patient relationship involves trust  
21 and respect and must be developed without crossing professional, ethical, and/or legal boundaries.  
22 A boundary violation occurs if this trust or respect is exploited or abused, through either sexual or  
23 non-sexual misconduct. Boundary violations include, but are not limited to, sexually harassing a  
24 patient; initiating communication with patients on social media; inappropriate physical contact  
25 between physician and patient; flirting with a patient; talking with a patient about inappropriate  
26 subject matters; sharing personal information with a patient that does not benefit the patient's  
27 well-being; and failing to refer a patient to a counselor as needed.

28 13. Respondent is a board-certified OB/GYN who has a solo practice and works out of  
two offices—one located on Vermont Avenue and the other on Third Street, both in Los Angeles.

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1           14. On or about August 26, 2021, Patient 1<sup>1</sup> was a then 34-year-old woman who  
2 underwent a Pap smear and human papillomavirus (HPV) test by Dr. M.E. The test results were  
3 abnormal. The pap smear returned low-grade squamous intraepithelial lesions (LGSIL) CIN I  
4 (meaning there was mild cervical cell changes present), and the human papillomavirus (HPV) test  
5 was positive.

6 **October 5, 2021 - Performing a Sensitive Examination Without a Chaperone.**

7           15. On or about October 5, 2021, Patient 1 accompanied a friend, M.B., to an  
8 appointment with Respondent at his Third Street office. During M.B.'s appointment, Patient 1  
9 asked Respondent for a second opinion regarding her abnormal test results. Respondent had a  
10 discussion with Patient 1 regarding the results, after which Respondent performed a colposcopy  
11 and biopsy on Patient 1.

12           16. Colposcopy is a medical procedure used to closely examine the cervix and vagina. It  
13 is often performed if there are abnormal Pap smear results or concerning symptoms. During the  
14 procedure, a colposcope (a magnifying instrument) is used to inspect the tissues for any  
15 abnormalities or signs of cervical cancer or precancer. If necessary, a small tissue sample  
16 (biopsy) might be taken for further evaluation.

17           17. Respondent neither provided a chaperone nor offered Patient 1 the opportunity to  
18 request a chaperone when he performed the colposcopy.

19           18. *AMA Code of Medical Ethics* 1.2.4 states in relevant part: Efforts to provide a  
20 comfortable and considerate atmosphere for the patient and the physician are part of respecting  
21 patients' dignity. These efforts may include providing appropriate gowns, private facilities for  
22 undressing, sensitive use of draping, and clearly explaining various components of the physical  
23 examination. They also include having chaperones available.

24           19. Respondent's failure to offer Patient 1 the opportunity to request a chaperone and/or  
25 failure to have a chaperone present during a sensitive examination such as colposcopy, is a breach  
26 of the standard of conduct for physicians and an extreme departure from the standard of care.

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<sup>1</sup> The patient will be referred to by number in order to protect her privacy.

1 **October 5, 2021 - Boundary Violations.**

2 20. During the October 5, 2021, appointment, Respondent told Patient 1 she was  
3 beautiful and asked Patient 1 why she was single. These comments were inappropriate and  
4 constituted boundary violations.

5 **October 13, 2021 - Performing a Sensitive Examination Without a Chaperone.**

6 21. On or about October 12, 2021, Respondent notified Patient 1 that he had the biopsy  
7 results. Respondent texted Patient 1 his work schedule and the address to his Vermont Avenue  
8 office, and arrangements were made for Patient 1 to review the test results with Respondent in the  
9 Vermont Avenue office on October 13, 2021.

10 22. On or about October 13, 2021, Respondent told Patient 1 the biopsy results showed  
11 no evidence of dysplasia (abnormal growth or development of cells) or malignancy. Respondent  
12 performed a pelvic exam on Patient 1 to retest for HPV.

13 23. Respondent neither provided a chaperone nor offered Patient 1 the opportunity to  
14 request a chaperone when he performed the pelvic exam.

15 24. Respondent's failure to offer Patient 1 the opportunity to request a chaperone and/or  
16 failure to have a chaperone present during a pelvic examination is a breach of the standard of  
17 conduct for physicians and an extreme departure from the standard of care.

18 **October 13, 2021 - Boundary Violations and Sexual Harassment.**

19 25. Per *AMA Code of Medical Ethics* 9.1.3, sexual harassment can be defined as  
20 unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a  
21 sexual nature. Sexual harassment in the practice of medicine is unethical. Sexual harassment  
22 exploits inequalities in status and power, abuses the rights and trust of those who are subjected to  
23 such conduct, interferes with an individual's work performance, may influence or be perceived as  
24 influencing professional advancement in a manner unrelated to clinical or academic performance,  
25 harms professional working relationships, creates an intimidating or hostile work environment,  
26 and is likely to jeopardize patient care.

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1           26. At the appointment on October 13, 2021, Respondent reassured Patient 1 that being  
2 HPV positive was common and that there was nothing to worry about. Respondent also told  
3 Patient 1 that Respondent could still have sex with her even with a positive HPV test.

4           27. Respondent engaged in sexual harassment and violated professional boundaries by  
5 stating that he could still have sex with Patient 1 even with a positive HPV test. Engaging in  
6 sexual harassment of a patient and violating professional boundaries is a breach of the standard of  
7 conduct for physicians and an extreme departure from the standard of care.

8           28. At the conclusion of the appointment of October 13, 2021, Respondent asked Patient  
9 1 to coffee. Patient 1 refused but acquiesced after Respondent insisted. Respondent drove Patient  
10 1 to a coffee shop in his car. Respondent again told Patient 1 that she was beautiful, asked Patient  
11 1 inappropriate personal questions, shared personal information about his sex life and his  
12 marriage with Patient 1, and made other inappropriate comments regarding the nature of the  
13 relationship he wished to have with Patient 1; including but not limited to, offering to be Patient  
14 1's "sugar daddy" and offering to pay Patient 1 in exchange for sex. Respondent's comments  
15 upset Patient 1. Respondent drove Patient 1 back to her car, and when they arrived, Respondent  
16 tried to kiss Patient 1 and groped her breast. These sexual overtures further upset Patient 1,  
17 causing her to push Respondent away so she could get in her car and drive away.

18           29. Respondent engaged in sexual harassment and violated professional boundaries by  
19 making unwelcomed sexual advances, asking personal questions, sharing personal information  
20 about his sex life and his marriage with Patient 1, requesting sexual favors, attempting to kiss  
21 Patient 1, and engaging in other verbal or physical conduct of a sexual nature. This is a breach of  
22 the standard of conduct for physicians and an extreme departure from the standard of care.

23 **Boundary Violations vis-à-vis Text Messaging and Social Media Contacts.**

24           30. Also on October 13, 2021, Respondent replied to Patient 1's Instagram post of a  
25 photo of a cup of coffee, stating "May be (sic) you can advise me on mine ..." Patient 1  
26 understood that to mean that Respondent was asking her to advise Respondent on his social media  
27 presence. On October 14, 2021, Patient 1 replied, "No because you're unprofessional."

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1           31. Respondent's communicating with Patient 1 via Instagram was a boundary violation  
2 and a departure from the standard of conduct for physicians.

3           32. On or about October 18, 2021, Respondent texted Patient 1 to tell her that Respondent  
4 had Patient 1's HPV results. The HPV test returned positive again. On this date, Respondent  
5 sent multiple text messages to Patient 1 reassuring her that being HPV positive was common and  
6 nothing to worry about. In addition, Respondent texted Patient 1 HPV Statistics from the Centers  
7 for Disease Control. The text exchange between Patient 1 and Respondent continued throughout  
8 the day. The text exchange included discussions about how Patient 1 was feeling, and  
9 Respondent offering to write Patient 1 a prescription for a controlled substance to help her relax.  
10 In addition, there was a discussion about Patient 1's housing situation because Patient 1 reported  
11 to Respondent that her landlord had evicted her. Respondent asked Patient 1 what her plan was  
12 for the night, asked if she needed a place to stay for that night, asked where she was and then  
13 offered to pick her up and get her a place for the night ... "[n]o string [sic] attached," and "stop  
14 by to talk and see what can be done."

15           33. On or about October 19, 2021, the text exchange continued, with Respondent  
16 addressing Patient 1 as "my dear," and telling Patient 1 that he was reaching out because  
17 Respondent called Patient 1 but did not get a response, and he was worried.

18           34. On or about October 29, 2021, Respondent responded to a text message from Patient  
19 1 in which she asked if he could perform a pain injection on her. Respondent texted back, once  
20 again addressed Patient 1 as "my dear," asked Patient 1 where she felt pain, and told Patient 1 to  
21 call him to discuss it. Respondent also told Patient 1 he would do whatever he could.  
22 Respondent concluded the text with "[h]ope you have a lovely day" with a smiling face with  
23 hearts emoji (😊). Patient 1 replied stating that she had COVID and that was what was causing  
24 her pain. Respondent instructed Patient 1 to take Motrin or Tylenol for pain, and to let  
25 Respondent know if Patient 1 needed something stronger. Respondent texted, "I am here for  
26 you...[If you need anything, you have me.]"

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1 40. The standard of care is to have a chaperone present when doing a gynecological  
2 exam, including colposcopy, pap smear, or any pelvic exam. Respondent's failure to have a  
3 chaperone or offer Patient 1 the opportunity to request a chaperone be present for the colposcopy  
4 or other pelvic exams was an extreme departure from the standard of care.

5 **THIRD CAUSE FOR DISCIPLINE**

6 **(Repeated Negligent Acts)**

7 41. Respondent Arjang Naim, M.D. is subject to disciplinary action under section 2234,  
8 subdivision (c), of the Code in that Respondent committed repeated negligent acts in the care and  
9 treatment of Patient 1. The circumstances are as follows:

10 42. The facts and allegations set forth in the Second Cause for Discipline are incorporated  
11 by reference as if fully set forth.

12 43. Each of the alleged acts of gross negligence set forth in the Second Cause for  
13 Discipline, above, is also a negligent act.

14 **DISCIPLINARY CONSIDERATIONS**

15 44. To determine the degree of discipline, if any, to be imposed on Respondent Arjang  
16 Naim, M.D., Complainant alleges that on or about November 9, 2018, in a prior disciplinary  
17 action titled *In the Matter of the First Amended Accusation Against Arjang Naim, M.D.* before the  
18 Medical Board of California, in Case Number 800-2016-021723, Respondent's license was  
19 revoked, revocation stayed and placed on 4 years' probation with terms and conditions, including  
20 education course, medical record keeping course, practice monitor, and prohibited practice (no  
21 training interns, residents, or fellows). That decision is now final and is incorporated by reference  
22 as if fully set forth herein. Respondent successfully completed his probation in Case Number  
23 800-2016-021723 in November 2022.

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**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 74735, issued to Respondent Arjang Naim, M.D.;
2. Revoking, suspending, or denying approval of Respondent Arjang Naim, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Arjang Naim, 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; and
4. Taking such other and further action as deemed necessary and proper.

DATED: DEC 03 2024

  
REJI VARGHESE  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

LA2024604157