COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss. Board of Registration in Medicine

Adjudicatory Case No. 2025-028

In the Matter of

MICHAEL D. MEDLOCK, M.D.

CONSENT ORDER

Pursuant to M.G.L. c. 30A, § 10, Michael D. Medlock, M.D. ("Respondent") and the Board of Registration in Medicine ("Board") (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No. 18-319.

Findings of Fact

1. The Respondent graduated from the University of Florida College of Medicine in 1984. He has been licensed to practice medicine in Massachusetts under certificate number 79690 since 1994. He has been Board Certified in Neurological Surgery since 1999 and in Addiction Medicine since 2021. He was affiliated with Salem Hospital and now practices with Congenial Healthcare LLC in Peabody, Massachusetts.

2. On G.L. c. 4, § 7(26)(c), 2015, Patient A underwent G.L. c. 4, § 7(26)(c) and G.L. c. 4, § 7(26)(c) performed by the Respondent at North Shore Medical Center/Salem Hospital. The Respondent did not recognize any complications at the time of surgery.

3. On [redacted] 2015, Patient A experienced severe pain and increased [redacted] weakness and was admitted to North Shore Medical Center/Salem Hospital.

4. On [redacted] 2015, a [redacted] revealed a [redacted] that could be the result of a postsurgical [redacted], which can be a normal post-operative finding, or related to a [redacted], although [redacted]. A [redacted] was also performed that day, which revealed [redacted] such as an [redacted] or [redacted] but could not rule out [redacted] or a postsurgical [redacted]. Patient A was referred by the Respondent for a consultation by [redacted] to consider potential causes for the pain and weakness, underwent [redacted] and [redacted], and was evaluated by a number of healthcare providers before being discharged with improved [redacted] pain on [redacted] 2015.

5. Patient A returned to the Respondent on [redacted], 2015 and reported improved [redacted] pain, before returning on [redacted], 2015 with complaints of significant [redacted] pain and [redacted]. Respondent recommended that he discontinue [redacted].

6. On [redacted], 2015, Patient A returned to Salem Hospital Emergency Room with [redacted] and the Respondent recommended monitoring him as an outpatient.

7. On [redacted], 2015, Patient A returned again to the Salem Hospital Emergency Room complaining of [redacted] pain and a [redacted] and was admitted.

8. On [redacted], 2015, the Respondent evaluated Patient A and ordered [redacted] that led to a diagnosis of a post-operative [redacted].

9. On [redacted], 2015, the Respondent performed [redacted] of the [redacted] and [redacted] were started.

10. Over the course of the next two days, Patient A did not improve and further G.L. c. 4, § 7(26)(c) continued to reveal findings consistent with G.L. c. 4, § 7(26)(c).

11. On G.L. c. 4, § 7(26)(c) 2015, Patient A was transferred to G.L. c. 4, § 7(26)(c) Hospital where he underwent several surgical procedures and it was determined that a G.L. c. 4, § 7(26) had G.L. c. 4, § 7(26)(c) Patient A's G.L. c. 4, § 7(26)(c), which allowed a G.L. c. 4, § 7(26)(c) to form and become G.L. c. 4, § 7(26)(c) causing numerous problems.

12. Patient A required extensive surgery to attempt to G.L. c. 4, § 7(26)(c) the G.L. c. 4, § 7(26) and G.L. c. 4, § 7(26) the G.L. c. 4, § 7(26); however, the G.L. c. 4, § 7(26) could not be G.L. c. 4, § 7(26)(c) and he required G.L. c. 4, § 7(26)(c) and the G.L. c. 4, § 7(26)(c).

13. On G.L. c. 4, § 7(26)(c), 2015, Patient A was discharged to G.L. c. 4, § 7(26)(c) Hospital, where he G.L. c. 4, § 7(26)(c)

14. In G.L. c. 4, § 7(26)(c) 2016, Patient A was discharged home and was G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c).

15. On G.L. c. 4, § 7(26)(c) 2016, Patient A and his wife filed a medical malpractice suit against the Respondent alleging that the care and treatment rendered to Patient A by the Respondent from G.L. c. 4, § 7(26)(c), 2015 to G.L. c. 4, § 7(26)(c), 2015 deviated from the accepted standard of care at the time for the average qualified neurosurgeon when:

a. the Respondent placed a G.L. c. 4, § 7(26)(c) too close to or impacting Patient A's G.L. c. 4, § 7(26)(c) causing the development of a G.L. c. 4, § 7(26)(c), which subsequently became G.L. c. 4, § 7(26)(c)

b. the Respondent failed to recognize in a timely manner that Patient A's G.L. c. 4, § 7 G.L. c. 4, § 7(26)(c) had been injured;

c. the Respondent failed to diagnose a developing G.L. c. 4, § 7(26)(c), consult a G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c) and respond adequately in a timely manner in the post-operative period when Patient A displayed symptoms of G.L. c. 4, § 7(26)(c) injury.

16. As a result of the Respondent's failure to meet the accepted standard of care, Patient A required multiple G.L. c. 4, § 7 operations and suffered an G.L. c. 4, § 7(26)(c), and G.L. c. 4, § 7(26)(c) injuries, which could have been avoided or minimized had the Respondent acted appropriately in performing surgery or in the ensuing post-operative visits when Patient A complained of complications.

17. The medical malpractice suit was fully litigated, defended, and tried by the Respondent, who presented evidence and qualified expert testimony in his defense.

18. On February 27, 2020, following a seven-day trial, the jury found that the Respondent was negligent in his care and treatment of Patient A, and that his negligence was a cause of injury to Patient A.

19. On March 2, 2020, judgment entered on the verdict.

Conclusions of Law

A. The Respondent committed malpractice as defined by M.G.L. c. 112, § 61, in that (1) Respondent had a doctor-patient relationship with Patient A, (2) Respondent failed to conform to good medical practice in his treatment of Patient A, and (3) injury to Patient A was caused by the Respondent, in violation of M.G.L. c. 112 §5, eighth par. (c) and 243 CMR 1.03(5)(a)(17).

Sanction and Order

The Respondent's license is hereby REPRIMANDED.

Execution of this Consent Order

Complaint Counsel and the Respondent agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel, the Respondent, and the Respondent's counsel are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order in whole or in part, then the entire document shall be null and void; thereafter, neither of the parties nor anyone else may rely on these stipulations in this proceeding.

As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.

The Respondent waives any right of appeal that he may have resulting from the Board's acceptance of this Consent Order.

The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which the Respondent practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such

designated entities with which the Respondent becomes associated within one year following the imposition of the reprimand. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.

Michael D. Medlock, M.D.
Licensee

2025/04/30
Date

Philip E. Murray, Jr., Esq.
Counsel for Licensee

4/30/25
Date

Sheryl M. Bourbeau, Esq.
Complaint Counsel

5/7/2025
Date

So ORDERED by the Board of Registration in Medicine this 26th day of June, 20 25.

Booker T. Bush, M.D.
Board Chair