COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss. Board of Registration in Medicine

Adjudicatory Case No. 2025-028

In the Matter of

MICHAEL D. MEDLOCK, M.D.

STATEMENT OF ALLEGATIONS

The Board of Registration in Medicine ("Board") has determined that good cause exists to believe the following acts occurred and constitute violations for which a licensee may be sanctioned by the Board. The Board therefore alleges that Michael D. Medlock, M.D. ("Respondent") has practiced medicine in violation of law, regulations, or good and accepted medical practice as set forth herein. The investigative docket number associated with this order to show cause is Docket No. 18-319.

Biographical Information

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.

Factual Allegations

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 G.L. c. 4, § 7(26)(c) 2015, Patient A experienced severe pain and increased G.L. c. 4, § 7 weakness and was admitted to North Shore Medical Center/Salem Hospital.

4. 4. On G.L. c. 4, § 7(26)(c) 2015, a G.L. c. 4, § 7(26)(c) revealed a G.L. c. 4, § 7(26)(c) that could be the result of a postsurgical G.L. c. 4, § 7(26)(c), which can be a normal post-operative finding, or related to a developing G.L. c. 4, § 7(26)(c), although G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c). A G.L. c. 4, § 7(26)(c) was also performed that day, which revealed G.L. c. 4, § 7(26)(c) such as an G.L. c. 4, § 7(26)(c) or G.L. c. 4, § 7(26)(c) but could not rule out an G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c) or a postsurgical G.L. c. 4, § 7(26)(c). Patient A was referred by the Respondent for a consultation by G.L. c. 4, § 7(26)(c) to consider potential causes for the pain and weakness, underwent G.L. c. 4, § 7(26)(c) and G.L. c. 4, § 7(, and was evaluated by a number of healthcare providers before being discharged with improved G.L. c. 4, § 7 pain on G.L. c. 4, § 7(26)(c) 2015.

5. Patient A returned to the Respondent on G.L. c. 4, § 7(26)(c), 2015 and reported improved G.L. c. 4, § 7 pain, before returning on G.L. c. 4, § 7(26)(c) 2015 with complaints of significant G.L. c. 4, § 7 pain and G.L. c. 4, § 7(26)(c). Respondent recommended that he discontinue G.L. c. 4, § 7(26)(c).

6. On G.L. c. 4, § 7(26)(c), 2015, Patient A returned to Salem Hospital Emergency Room with G.L. c. 4, § 7(26)(c) and the Respondent recommended monitoring him as an outpatient.

7. On G.L. c. 4, § 7(26)(c), 2015, Patient A returned again to the Salem Hospital Emergency Room complaining of G.L. c. 4, § 7(2 pain and a G.L. c. 4, § 7(26)(c and was admitted.

8. On G.L. c. 4, § 7(26)(c), 2015, the Respondent evaluated Patient A and ordered G.L. c. 4, § 7(26)(c) that led to a diagnosis of post-operative G.L. c. 4, § 7(26)(c).

9. On G.L. c. 4, § 7(26)(c) 2015, the Respondent performed G.L. c. 4, § 7(26)(c) of the G.L. c. 4, § 7(26)(c) and G.L. c. 4, § 7(26)(c) 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 Massachusetts General 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) was accessed for 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), 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 [redacted] had been injured;

c. the Respondent failed to diagnose a developing [redacted], consult a [redacted] and respond adequately in a timely manner in the post-operative period when Patient A displayed symptoms of [redacted] injury.

16. As a result of the Respondent's failure to meet the accepted standard of care, Patient A required multiple [redacted] operations and suffered an [redacted], and [redacted] 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.

Legal Basis for Proposed Relief

A. Pursuant to 243 CMR 1.03(5)(a)(17) the Board may discipline a physician who committed malpractice as defined by M.G.L. c. 112, § 61. Malpractice has three elements: 1) a doctor-patient relationship; 2) failure to conform to good medical practice; and 3) injury that was caused by the defendant physician. *See In the Matter of Nelson Aweh, M.D.*, Board of Registration in Medicine, Adjudicatory Case 2019-040 (RM-19-0353) (Final Decision and

The Board has jurisdiction over this matter pursuant to G.L. c. 112, §§ 5, 61 and 62. This adjudicatory proceeding will be conducted in accordance with the provisions of G.L. c. 30A and 801 CMR 1.01.

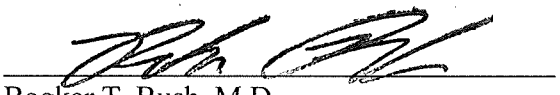
Nature of Relief Sought

The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of the Respondent's license to practice medicine. The Board may also order, in addition to or instead of revocation or suspension, one or more of the following: admonishment, censure, reprimand, fine, the performance of uncompensated public service, a course of education or training, or other restrictions upon the Respondent's practice of medicine.

Order

Wherefore, it is hereby **ORDERED** that the Respondent show cause why the Board should not discipline the Respondent for the conduct described herein.

By the Board of Registration in Medicine,



Booker T. Bush, M.D.
Board Chair

Date: June 26, 2025