COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS. Board of Registration in Medicine

Adjudicatory Case No. 2021-023

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In the Matter of )

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MAHMOUD RASHIDI-NAIMABADI, M.D. )

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**STATEMENT OF ALLEGATIONS**

The Board of Registration in Medicine (the “Board”) has determined that good cause exists to believe the following acts occurred and constitute a violation for which a licensee may be sanctioned by the Board. The Board therefore alleges that Mahmoud Rashidi-Naimabadi, M.D. (the “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 isDocket No. 20-410.

Biographical Information

1. The Respondent was born on January 24, 1965. The Respondent graduated in 1993 from the Kerman University of Medical Sciences in Iran. He has been licensed to practice medicine in Massachusetts under license number 246106 since 2011.

Factual Allegations

1. The Respondent is Board certified in Neurosurgery.
2. On August 4, 2020, the California Medical Board (the “California Board”) issued a Final Decision and Order (“California Order”) revoking the Respondent’s license to practice medicine. The revocation was stayed upon the completion of a five-year probationary term. This disciplinary action resolved an active case that the California Board opened against him which related to the Respondent’s treatment of Patient 1 and 2.
3. With respect to the specific allegations regarding the care of Patient 1:
   1. On November 10, 2014, Patient 1 appeared in the emergency room at Santa Rosa Memorial Hospital with lower back pain and weakness in his legs. An MRI showed a large disc herniation at T11/12 junction.
   2. The Respondent recommended corrective surgery to Patient 1. The Respondent chose to perform a transpedicular discectomy with the assistance of electrophysiological monitoring. Prior to the surgery, the electrophysiological monitoring showed normal spinal cord conduction. When Patient 1 was switched from the supine to the prone position, the electrophysiological monitoring stopped showing conduction below the L1 level. The Respondent proceeded with the surgery.
   3. A post-surgical MRI showed edema and hemorrhage in the posterior soft tissues of the back and the herniated disc remained unchanged. Patient 1 suffered paralysis.
   4. The Respondent failed to document how he described the comparative risks and benefits to Patient 1 between the surgical procedure the Respondent would perform and the option to transfer to another hospital for a different surgical approach.
   5. The California Board determined that the Respondent’s decision to perform a transpedicular discectomy and proceed when electrophysiological monitoring had stopped was an extreme departure from the standard for care for neurological surgery. The Respondents failure to document the rationale for choosing a riskier course of action when a potentially safer course of action was available at a different hospital was an extreme departure from the standard of care.
4. With respect to the specific allegations regarding Patient 2:
   1. On November 15, 2015, Patient 2 arrived at Santa Rosa Memorial Hospital Emergency Room with a severe headache and a rapidly deteriorating condition. A scan showed that a seven-centimeter hematoma on Patient 2’s brain on the right parietal lobe. The Respondent determined that Patient 2 needed immediate surgery to remove the hematoma.
   2. The Respondent assembled an operating room for Patient 2 and the team prepared the room and Patient 2 for surgery. Prior to beginning the surgery, the Respondent and his team did not pause to confirm the site of the surgery.
   3. The Respondent opened the left side of Patient 2’s skull. He realized immediately that he had erred because the hematoma was not present. The Respondent reclosed Patient 2’s skull on the left side and opened the skull on the right side. The Respondent successfully completed the surgery.
   4. The California Board found that the Respondent’s failure to pause and check for the correct surgical site was a simple departure from the standard of care. The Board found that the wrong-side surgery was an extreme departure from the standard of surgical care.
5. A true and accurate copy of the California Board Final Decision and Order is enclosed herewith as Attachment A and incorporated herein by reference.
6. On October 22, 2020, the New Hampshire Board of Medicine (“NH Board”) issued their Final Decision and Order based on the Medical Board of California’s Decision and Order. The NH Board issued a reprimand and placed conditions on the Respondent’s medical license.
7. A true and accurate copy of the NH Board Final Decision and Order is enclosed herewith as Attachment B and incorporated herein by reference.

Legal Basis for Proposed Relief

1. Pursuant to 243 CMR 1.03(5)(a)(12), the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician has been disciplined in another jurisdiction in any way by the proper licensing authority for reasons substantially the same as those set forth in M.G.L. c. 112, § 5 or 243 CMR 1.03(5). More specifically, in Massachusetts, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician has violated the following statutes, regulations, policies, and/or precedents:
2. Mass. Gen. Laws c. 112, § 5, ¶ 9(c) and 243 CMR 1.03(5)(a)(3) ) (“Conduct which places into question the physician’s competence to practice medicine, including but not limited to gross misconduct in the practice of medicine or practicing medicine fraudulently, or beyond its authorized scope, or with gross incompetence, or with gross negligence on a particular occasion or negligence on repeated occasions.”);
3. 243 CMR 2.07(13)(a), which requires a physician to:
   * maintain a medical record for each patient which is adequate to enable the licensee to provide proper diagnosis and treatment;
   * maintain a patient's medical record in a manner which permits the former patient or a successor physician access to them;
4. 243 C.M.R. 1.03(5)(a)18: Misconduct in the practice of medicine
5. Pursuant to *Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982), the Board may discipline a physician upon proof satisfactory to a majority of the Board that said physician has engaged in conduct that undermines the public confidence in the integrity of the medical profession.

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 of the Respondent's inchoate right to renew his license to practice medicine in Massachusetts.

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,

Signed by George M. Abraham, M.D.

George M. Abraham, M.D.

Board Chair

Date: May 20, 2021

To obtain a copy of the out-of-state disciplinary order, please contact the appropriate state’s medical licensing board directly. A list of state medical boards and contact information is available at <https://www.fsmb.org/contact-a-state-medica-board/>. You may also obtain a copy of the out-of-state disciplinary order by submitting a public records request (PRR) with the Massachusetts Board of Registration in Medicine. PRR forms and additional information can be found at <https://www.mass.gov/board-of-registration-in-medicine-public-records>.