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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of
THOMAS J. GROVES, M.D.
Holder of License No. 5104
For the Practice of Allopathic Medicine
In the State of Arizona

Case No. MD-06-0432A

**CONSENT AGREEMENT FOR
LETTER OF REPRIMAND**

CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Thomas J. Groves, M.D. ("Respondent"), the parties agreed to the following disposition of this matter.

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement"). Respondent acknowledges that he has the right to consult with legal counsel regarding this matter.

2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement of any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any waiver,

1 express or implied, of the Board's statutory authority or jurisdiction regarding any other
2 pending or future investigation, action or proceeding. The acceptance of this Consent
3 Agreement does not preclude any other agency, subdivision or officer of this State from
4 instituting other civil or criminal proceedings with respect to the conduct that is the subject
5 of this Consent Agreement.

6 6. All admissions made by Respondent are solely for final disposition of this
7 matter and any subsequent related administrative proceedings or civil litigation involving
8 the Board and Respondent. Therefore, said admissions by Respondent are not intended
9 or made for any other use, such as in the context of another state or federal government
10 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
11 any other state or federal court.

12 7. Upon signing this agreement, and returning this document (or a copy thereof) to
13 the Board's Executive Director, Respondent may not revoke the acceptance of the
14 Consent Agreement. Respondent may not make any modifications to the document. Any
15 modifications to this original document are ineffective and void unless mutually approved
16 by the parties.

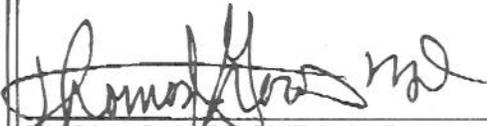
17 8. If the Board does not adopt this Consent Agreement, Respondent will not
18 assert as a defense that the Board's consideration of this Consent Agreement constitutes
19 bias, prejudice, prejudgment or other similar defense.

20 9. This Consent Agreement, once approved and signed, is a public record that will
21 be publicly disseminated as a formal action of the Board and will be reported to the
22 National Practitioner Data Bank and to the Arizona Medical Board's website.

23 10. If any part of the Consent Agreement is later declared void or otherwise
24 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force
25 and effect.

1 11. Any violation of this Consent Agreement constitutes unprofessional conduct
2 and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) (“[v]iolating a formal order,
3 probation, consent agreement or stipulation issued or entered into by the board or its
4 executive director under this chapter”) and 32-1451.

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THOMAS J. GROVES, M.D.

DATED: 4-13-07

FINDINGS OF FACT

1
2 1. The Board is the duly constituted authority for the regulation and control of
3 the practice of allopathic medicine in the State of Arizona.

4 2. Respondent is the holder of license number 5104 for the practice of
5 allopathic medicine in the State of Arizona.

6 3. The Board initiated case number MD-06-0432A after receiving a complaint
7 regarding Respondent's care and treatment of a forty-five year-old male patient ("JB").

8 4. On January 9, 2003, JB presented to Respondent for interventional pain
9 management of cervical radiculitis. Respondent ordered a magnetic resonance imaging
10 ("MRI") revealing JB had spondylosis of spinal levels C5-6 and C6-7, osteophytic ridging
11 and disc protusion resulting in bilateral neural foraminal narrowing and obliteration of the
12 ventral and effacement of the dorsal subarachnoid space at C5-6, and obliteration of the
13 ventral and dorsal subarachnoid space at C6-7.

14 5. On December 27, 2005 and January 4, 2006, Respondent performed
15 cervical translaminar epidural steroid injections at levels C5-6 and C6-7 for JB. Prior to the
16 procedures on December 27, 2005 and January 4, 2006, Respondent administered
17 Versed 5 mg and Fentanyl 50 mcg sedatives to JB through an intravenous push ("IVP").
18 JB returned on January 18, 2006 for another injection with a report of 80% improvement.
19 However, at the January 18, 2006 procedure, Respondent doubled JB's sedative of
20 Fentanyl to 100 mcg IVP, in addition to Versed 5 mg IVP. Respondent did not document
21 his reasons for doubling the dose. When Respondent injected JB with the epidural steroid
22 at the C5-6 level, JB experienced a large degree of pain. In response to the Board's
23 investigation, Respondent stated, "The patient cried out and suddenly reached back with
24 his left arm, arching his neck backward while [he] was injecting."
25

1 6. Respondent documented JB was eventually discharged feeling fairly
2 comfortable and able to move all his extremities.

3 7. On February 6, 2006, Respondent ordered a cervical MRI. The radiologist
4 interpreted the MRI as demonstrating increased signal within the cord and throughout the
5 cervical region extending into the upper portion of the thoracic cord. The radiologist also
6 identified a bright longitudinal high signal focus to the right of the midline extending from
7 the upper portion of C7 to the upper portion of T2 not representing the central canal.

8 8. On February 7, 2006, Respondent dictated a note stating JB experienced
9 some weakness and loss of feeling in his right hand following the multilevel cervical
10 epidural steroid injections on January 18, 2006, and post procedure, JB complained of
11 nausea and headache. Respondent noted he felt that JB "should have some physical
12 therapy" and he ordered an MRI of JB's cervical spine. However, while Respondent
13 awaited the results of the cervical MRI, JB sought care elsewhere.

14 9. On February 17, 2006, JB saw a neurosurgeon who noted evidence of a
15 spinal cord injury. The neurosurgeon also noted JB's right sided weakness and sensory
16 loss was not secondary to the disc herniation and spondylosis and stenosis in JB's spine,
17 but rather related to the procedure performed by Respondent on January 18, 2006. The
18 neurosurgeon recommended decompression and fusion to prevent JB from getting worse
19 since he had significant spinal cord compression.

20 10. On February 28, 2006, JB underwent a cervical laminectomy and fusion by
21 the neurosurgeon. On May 3, 2006, the neurosurgeon performed a follow up examination
22 noting JB had dysesthetic pain involving the face, trunk and arm and muscle wasting of the
23 right upper extremity, trunk and face. It was the neurosurgeon's opinion that the ongoing
24 symptoms were related to JB's previous spinal cord injury. JB has continued under the

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1 care of his primary care physician for a problem of severe neck pain and radiating right
2 upper extremity pain, weakness, numbness and loss of dexterity.

3 11. When performing a translaminar cervical epidural steroid injection procedure,
4 the standard of care requires a physician to perform the injection at a single level.

5 12. Respondent deviated from the standard of care because he performed the
6 injection two adjacent levels at all three office visits.

7 13. When sedation is necessary for a cervical translaminar epidural steroid
8 injection procedure, the standard of care requires a physician to administer a low level of
9 sedation to a patient to allow the patient to report pain or paresthesias to the physician to
10 minimize or avoid traumatic injury.

11 14. Respondent deviated from the standard of care because he did not
12 administer a low level of sedation. Respondent doubled the amount of Fentanyl to 100
13 mcg for JB prior to performing the epidural steroid injection on JB on January 18, 2006
14 preventing JB from adequately reporting pain issues to Respondent.

15 15. As a result, JB experienced spinal cord injury resulting in persistent
16 weakness and sensory loss.

17 CONCLUSIONS OF LAW

18 1. The Board possesses jurisdiction over the subject matter hereof and over
19 Respondent.

20 2. The conduct and circumstances described above constitute unprofessional
21 conduct pursuant to A.R.S. § 32-1401(27) (q) ("[a]ny conduct or practice that is or might be
22 harmful or dangerous to the health of the patient or the public.") and A.R.S. § 32-1401 (27)
23 (ll) ("[c]onduct that the board determines is gross negligence, repeated negligence or
24 negligence resulting in harm to or the death of a patient.").

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ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand for failure to properly perform a cervical translaminar epidural steroid injection and for failure to properly sedate a patient during the procedure.

2. This Order is the final disposition of case number MD-06-0432A.

DATED AND EFFECTIVE this 8th day of June, 2007.



(SEAL)

ARIZONA MEDICAL BOARD

By

[Signature]
TIMOTHY C. MILLER, J.D.
Executive Director

ORIGINAL of the foregoing filed this 8th day of June, 2007 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

EXECUTED COPY of the foregoing mailed this 8th day of June, 2007 to:

Melinda C. Bechtel Esq.
Kent and Associates, PLLC
3101 N Central Ave Ste 1150
Phoenix AZ 85012-2667

EXECUTED COPY of the foregoing mailed this 8th day of June, 2007 to:

Thomas J. Groves, M.D.
Address of Record

[Signature]
Investigational Review