

BEFORE THE BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF NEVADA

\* \* \* \* \*

In the Matter of Charges and Complaint

Case No. 21-42975-1

Against:

FILED

IPPEI TAKAGI, M.D.,

OCT 19 2021

Respondent.

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS  
By: \_\_\_\_\_

COMPLAINT

The Investigative Committee<sup>1</sup> (IC) of the Nevada State Board of Medical Examiners (Board), by and through BRANDEE MOONEYHAN, J.D., Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that IPPEI TAKAGI, M.D., (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 15590). Respondent was originally licensed by the Board on October 17, 2014.<sup>2</sup>

2. Patient A<sup>3</sup> was a seventy-two (72) year-old female at the time of the events at issue.

3. When Patient A experienced persistent back pain, her primary physician, in part, ordered imaging of her lumbar spine and referred her to Dr. K,<sup>4</sup> a neurologist with whom Respondent shared an office, for potential treatment of that pain.

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<sup>1</sup> The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Chair, Mr. M. Neil Duxbury, and Aury Nagy, M.D.

<sup>2</sup> Respondent's license is currently inactive.

<sup>3</sup> Patient A's identity is not disclosed herein to protect her privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

<sup>4</sup> Respondent's office mate is referred to by the initial letter of his last name for purposes of this Complaint.

1 4. Per the primary physician's order, a radiologist performed magnetic resonance  
2 imaging (MRI) on Patient A's lumbar spine on April 18, 2016. The resulting radiologist's report  
3 found:

4 Disc height normal L3-4 [the lumbar segment between the L3 and L4 vertebrae].  
5 Degenerated facets. Very large caliber canal. No stenosis.

6 Grade 1 spondylolisthesis is 15% at L4-5 [the lumbar segment between the L4 and  
7 L5 vertebrae]. Mild to moderate degenerative disc disease. Severe hypertrophic  
8 degenerative change involving the facets. Minor scoliotic curve. Moderate  
9 narrowing of the lateral recesses. No central canal or foraminal stenosis.

10 Mild degenerative disc disease at the level of L5-S1 [the lumbosacral joint between  
11 the L5 and S1 vertebrae]. Severely degenerated hypertrophic facets. Narrowing of  
12 the right compared with the left lateral recess appears minor.

13 5. Patient A first met with Dr. K to discuss potential treatment on June 14, 2016. Dr.  
14 K's records of that meeting indicate that he reviewed Patient A's recent lumbar MRI results, and  
15 the "MRI showed evidence of spondylolisthesis at the L4-L5 level with the presence of severe  
16 central and bilateral foraminal narrowing." Dr. K's records also state that he:

17 recommend[ed] proceeding with a surgical treatment consisting of a posterior  
18 approach with transforaminal lumbar decompression and interbody fusion at L4-L5  
19 L5-S1. To perform an adequate decompression and to address foraminal stenosis  
20 with the nerve root compression, a wide decompression would be required  
21 including removal of most of the facet joints bilaterally at the corresponding levels  
22 which would cause iatrogenic instability at these levels. To prevent further  
23 neurological deterioration and to address spinal instability an instrumented  
24 stabilization and fusion would be required following the decompression.

25 Dr. K electronically signed the notes of his June 14, 2016, meeting with Patient A, and listed  
26 himself as the only provider present.

27 6. On July 12, 2016, Patient A and Dr. K met again for a preoperative consultation.  
28 Dr. K's records state that Patient A was scheduled for "transforaminal lumbar interbody fusion at  
L4-5."<sup>5</sup> Dr. K electronically signed the notes of his July 12, 2016, meeting with Patient A, and  
listed himself as the only provider present.

7. On July 19, 2016, Patient A met with Dr. K for another preoperative consultation.  
Dr. K's records indicate Patient A was "scheduled to undergo lumbar decompression and fusion  
on the 29th of July." During the July 19 meeting, Dr. K mentioned to Patient A it was "possible"

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<sup>5</sup> Dr. K and Patient A also discussed scheduling a separate surgery on portions of her cervical spine.

1 he might perform fusion on a second lumbar segment, depending on what he observed during the  
2 surgery; Dr. K did not note in his records that fusing a second lumbar segment was a possibility,  
3 nor that he discussed such a possibility with Patient A. Dr. K electronically signed the notes of his  
4 July 29, 2016, meeting with Patient A, and listed himself as the only provider present.

5 8. Dr. K informed Patient A that he would be performing the decompression and  
6 fusion of her L4-5 lumbar segment on July 29, 2016, at Spring Valley Hospital in Las Vegas,  
7 Nevada.

8 9. On the evening of July 28, 2016, “Johany” from Dr. K’s office called Patient A at  
9 home. Johany told Patient A that Dr. K had been called out of town for an emergency, and Patient  
10 A’s surgery scheduled for the next morning would have to be postponed.

11 10. Johany later told Patient A that her planned lumbar surgery could be performed on  
12 a new date—August 2, 2016—and at a different hospital—Summerlin Hospital Medical Center  
13 (Summerlin Hospital), in Las Vegas, Nevada. Johany did not inform Patient A that her surgery  
14 would be performed by a doctor other than Dr. K.

15 11. Throughout Patient A’s contact with Dr. K and his office staff up to August 2,  
16 2016, Dr. K was the only physician who had met with, examined, and discussed the planned  
17 decompression and fusion of her L4-5 lumbar segment with Patient A.

18 12. On the morning of August 2, 2016, Patient A presented to Summerlin Hospital for  
19 the purpose of allowing Dr. K to perform a decompression and fusion at her L4-5 lumbar segment.

20 13. At Summerlin Hospital, prior to the surgery, Patient A was presented with several  
21 documents to sign in order for the surgery to proceed, including a “Consent to Anesthesia,” a  
22 “Consent to Blood Transfusion and Release of Liability,” and various electronic documents  
23 regarding financial responsibility and her rights as a patient.

24 14. Among the documents Patient A was required to and did sign on August 2, 2016,  
25 was a document entitled “Consent to Surgery and Other Invasive Procedures” (Consent Form),  
26 which consisted of a preprinted form with fillable blank fields.

27 15. The completed item “1” on the Consent Form read:

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1 I hereby authorize Dr. K<sup>[6]</sup> and such assistants and associates as  
2 may be selected by him/her and Summerlin Hospital Medical  
Center to perform the following procedure(s) upon myself

3 (underlines indicate language handwritten on the form).

4 16. The next section of the Consent Form read:

5 PROCEDURE(S) Transforaminal lumbar interbody fusion four to five

6 (underlines indicate language handwritten on the form).

7 17. The Consent Form also contained a section entitled “Affirmation of Informed  
8 Consent by Physician.” Although Dr. K’s name was handwritten on the form as the doctor being  
9 authorized to perform the surgery, Respondent signed this portion of the Consent Form. On  
10 information and belief, Respondent signed the form after Patient A signed it, and outside of  
11 Patient A’s presence.

12 18. In the pre-operation room, Respondent presented himself to Patient A and  
13 introduced himself as the person who would be performing her surgery.

14 19. Prior to Respondent introducing himself in the pre-operation room, Patient A had  
15 never met Respondent.

16 20. When Patient A asked where Dr. K was, Respondent responded that he and Dr. K  
17 had “a system” as to which of them would meet with a patient immediately prior to surgery based  
18 on which one of them arrived first at the hospital.

19 21. Based on Respondent’s statement about the doctors’ “system,” both Patient A and  
20 her adult daughter (the daughter), who accompanied Patient A to the hospital, believed that Dr. K  
21 was on his way to the hospital to perform the planned surgery.

22 22. Respondent performed surgery on Patient A’s lumbar spine on August 2, 2016.

23 23. Dr. K did not perform or participate in the surgery and was never present in the  
24 operating room on August 2, 2016.

25 24. Patient A wished for Dr. K to perform her surgery and would have chosen to delay  
26 her surgery if she knew Dr. K would not be performing it.

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<sup>6</sup> Dr. K’s name was spelled out on the form.

1           25.     Respondent recognized that he would receive greater financial compensation if he  
2 performed Patient A’s surgery on August 2, 2016, than if the surgery were canceled or delayed.

3           26.     In addition to performing a decompression and fusion at the L4-5 lumbar segment  
4 in accordance with Patient A’s preoperative discussions with Dr. K and her execution of a  
5 Consent Form listing “transforaminal lumbar interbody fusion four to five” as the only procedure  
6 to which she consented, Respondent fused two additional lumbar segments, specifically, the  
7 segments between Patient A’s L3 and L4 vertebrae (L3-4), and the segment between her L2 and  
8 L3 vertebrae (L2-3).

9           27.     Patient A also signed a “Summerlin Medical Center Patient Self Determination  
10 Record” form designating the daughter as her “appointed healthcare surrogate having  
11 [Patient A’s] durable power of attorney for healthcare.”

12           28.     During the surgery, an unknown person believed to be a nurse, called the daughter  
13 on her cellular phone twice, asking the daughter’s permission to fuse an additional segment of  
14 Patient A’s lumbar spine.

15           29.     In the first phone call to the daughter, the daughter specifically stated that she  
16 deferred to the judgment of Dr. K if he believed the second fusion was necessary.

17           30.     The daughter was surprised and dismayed to receive another call asking for  
18 permission to fuse a third segment, as neither she nor her mother had been informed that a third  
19 fusion was even a possibility; however, she again stated that she deferred to the judgment of Dr. K  
20 regarding her mother’s surgery.

21           31.     Patient A’s preoperative MRI report indicated that the disc height at Patient A’s  
22 L3-4 lumbar segment was “normal” and showed “[n]o stenosis.” Her preoperative MRI did not  
23 mention her L2-3 segment at all.

24           32.     Dr. K’s records of his preoperative meetings with Patient A mentioned only her  
25 L4-5 and L5-S1 spinal segments, and did not mention her L3-4 or L2-3 segments.

26           33.     Respondent completed and electronically signed an “Operative Record” of Patient  
27 A’s August 2, 2016, surgery.

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1           34.     The Operative Record listed Dr. K, not Respondent, as the physician “attending”  
2 the surgery.

3           35.     In the Operative Record, Respondent listed Patient A’s “PREOPERATIVE  
4 DIAGNOSIS” as “Lumbar spondylolisthesis and instability and stenosis at L4-5”; and her  
5 POSTOPERATIVE DIAGNOSIS” as “Same plus spondylosis and instability and facet  
6 arthropathy at L2-3 and L3-4.”

7           36.     Respondent further recorded in the Operative Record: “The [facet] joints at L3-4  
8 were checked and found to be unstable. The [facet] joints at L2-3 were also found to be unstable.”  
9 Respondent did not explain how the facet joints were “checked.”

10          37.     Respondent falsely stated in the Operative Record that he had  
11 “[p]reoperatively . . . discussed with the patient and family the possibility of extension of fusion  
12 depending on intraoperative findings.” Only Dr. K had ever mentioned to Patient A that it was  
13 “possible” that Dr. K might fuse a single additional lumbar segment based on what he saw during  
14 the surgery.

15          38.     A neurosurgeon ordinarily would not “check” the stability of facet joints during a  
16 surgery being performed on another spinal segment, and the appearance of facet joints alone is not  
17 sufficient to support a clinical determination regarding their stability. Respondent’s note that the  
18 joints were “checked” in the midst of surgery and “found to be unstable” is not sufficient  
19 justification for a reasonable neurosurgeon to fuse a lumbar segment.

20          39.     Neither the preoperative MRI, nor Dr. K’s records, nor Respondent’s recorded  
21 intraoperative observations demonstrate a medically necessary basis to fuse the L3-4 or L2-3  
22 segments of Patient A’s lumbar spine.

23          40.     Fusing three lumber segments instead of one substantially increased the amount  
24 charged for Patient A’s surgery and the amount Respondent hoped to be paid, and on information  
25 and belief, was paid, for performing the surgery.

26          41.     Shortly after the surgery was complete on August 2, 2016, Respondent met with  
27 the daughter. When the daughter asked where Dr. K was, Respondent lied to her, stating that Dr.  
28 K had “snuck out the back door,” when Dr. K had never been present.

1 42. Respondent's lie was calculated to make the daughter believe the falsehood that Dr.  
2 K was present and had participated in Patient A's surgery.

3 **COUNT I**

4 **NRS 630.306(1)(b)(1) – Engaging in Conduct Intended to Deceive**

5 43. All of the allegations contained in the above paragraphs are hereby incorporated by  
6 reference as though fully set forth herein.

7 44. NRS 630.306(1)(b)(1) provides that “engaging in any conduct, which is intended to  
8 deceive” constitute grounds for initiating disciplinary action against a physician.

9 45. Respondent's statement that he and Dr. K had a “system” for which of them would  
10 speak to patients prior to surgery based on which “showed up first” was calculated to make  
11 Patient A believe that Dr. K was on his way to the procedure, which Respondent knew was false.

12 46. Respondent's statement that Dr. K had “snuck out the back door” was calculated to  
13 make the daughter believe that Dr. K had participated in Patient A's surgery, which Respondent  
14 knew was false.

15 47. By knowingly making statements designed to induce Patient A and/or the daughter  
16 to believe information he knew to be false, Respondent engaged in conduct intended to deceive  
17 Patient A and the daughter.

18 48. By reason of the foregoing, Respondent is subject to discipline by the Board as  
19 provided in NRS 630.352.

20 **COUNT II**

21 **NRS 630.301(7) – Engaging in Conduct That Violates the Trust of a Patient and Exploits  
22 the Relationship With the Patient for Financial or Other Personal Gain**

23 49. All of the allegations contained in the above paragraphs are hereby incorporated by  
24 reference as though fully set forth herein.

25 50. NRS 630.307(7) provides that “engaging in conduct that violates the trust of the  
26 patient and exploits the relationship between the physician and the patient for financial or other  
27 personal gain” constitutes grounds for initiating discipline against a physician.

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COUNT IV

**NRS 630.301(7) – Engaging in Conduct That Violates the Trust of a Patient and Exploits the Relationship With the Patient for Financial or Other Personal Gain**

59. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

60. NRS 630.307(7) provides that “engaging in conduct that violates the trust of the patient and exploits the relationship between the physician and the patient for financial or other personal gain” constitutes grounds for initiating discipline against a physician.

61. By unnecessarily fusing two (2) additional lumbar segments and obtaining acquiescence to perform them by capitalizing on the patient’s trust and deference to Dr. K— whose participation he had misrepresented—thereby increasing the cost of the surgery and his corresponding compensation; Respondent engaged in conduct that violated Patient A’s trust and exploited the relationship between Patient A and Dr. K to realize a financial gain for himself.

62. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

**WHEREFORE**, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

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6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 19<sup>th</sup> day of October, 2021.

INVESTIGATIVE COMMITTEE OF THE  
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: *Brandee Mooneyhan*  
BRANDEE MOONEYHAN, J.D.  
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*Attorney for the Investigative Committee*

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VERIFICATION

STATE OF NEVADA            )  
  : ss.  
COUNTY OF WASHOE        )

Bret W. Frey, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 19<sup>th</sup> day of October, 2021.

INVESTIGATIVE COMMITTEE OF THE  
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:   
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BRET W. FREY, M.D.  
*Chairman for the Investigative Committee*

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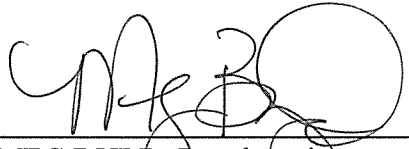
**CERTIFICATE OF MAILING**

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on October 19, 2021; I mailed via USPS e-certified return-receipt mail, postage pre-paid, a file-stamped copy of the **COMPLAINT** to the following address:

IPPEI, TAKAGI, M.D.  
85 E. US-6  
Valparaiso, IN 46383

*CERTIFIED TRACKING NO:* 9171 9690 0935 0252 1575 59

Dated this 19<sup>th</sup> day of October, 2021.



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MEG BYRD, Legal Assistant  
An Employee of the State of Nevada Board of Medical Examiners