BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against: **AMY RENEE SPARKS, M.D., Respondent.**	**Case No. 22-19130-1**

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
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FIRST AMENDED COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Ian J. Cumings, J.D., Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Amy Renee Sparks, 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. 9522). Respondent was originally licensed by the Board on July 26, 2000.

2. Patient A was a 66-year-old female at the time of the events at issue. Patient A's true 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.

I. Patient A's Medical History Prior to Respondent's Treatment

3. In January 2015, Patient A was seen by a cardiologist for pre-syncope. Multiple tests revealed no blood flow issues and a normal resting electrocardiogram. An echocardiogram

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[1] 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 Mr. Neil M. Duxbury, Aury Nagy, M.D., and Michael C. Edwards, M.D.

showed an ejection fraction of 50-55%. A halter monitor was placed, which detected ventricular tachycardia on February 24, 2015.

4. Patient A was admitted to the hospital on February 24, 2015. During Patient A's hospital stay her B-type natriuretic peptide (BNP), a hormone excreted by the heart which can indicate cardiac injury or heart failure, was elevated at 176 which indicated further evaluation was necessary.

5. Further halter monitoring in May 2015 showed Patient A demonstrated non-sustained ventricular tachycardia.

II. Respondent's Treatment of Patient A

6. On February 24, 2016, Patient A presented to the Respondent to establish care. In Respondent's records, a history of ventricular tachycardia was noted. Respondent ordered labs, including thyroid testing, urinalysis for heavy metals, and a Boston Heart Panel which is used for cardiovascular disease characterization.

7. Patient A's lab results showed her N-terminal pro-B-type natriuretic peptide (NT-proBNP), a non-active prohormone excreted by the heart which is used to test for or diagnose heart failure, was 1248, well above the normal range. Patient A's initial lead level was normal.

8. Patient A was subsequently sent a letter informing her there was an inflammatory process increasing her cardiovascular risk and recommended vitamins and supplements. Respondent failed to recommend or refer Patient A for a cardiac workup. The standard of care dictates further evaluation with an echocardiogram or electrocardiogram is necessary for a patient with a highly elevated NT-proBNP as this can indicate heart failure or cardiac disease.

9. Patient A saw Respondent on no less than four (4) occasions from April 15, 2016, through February 13, 2018, during which time, the Respondent ordered repeated lab testing showing Patient A had sustained highly elevated NT-proBNP levels. Respondent failed to either appropriately discuss or document the significance of Patient A's NT-proBNP level with the Patient during any of these visits. Furthermore, Respondent repeatedly failed to refer Patient A to a cardiologist during this period of time, despite continual elevated NT-proBNP results and a history of recent ventricular tachycardia.

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10. During the Respondent's care of Patient A from April 15, 2016 through February 13, 2018, Respondent repeatedly ordered provoked urine testing with DMSA to evaluate Patient A's lead level, despite a normal urine test in February, 2016.

11. On February 13, 2018, Respondent ordered an electrocardiogram and a referral to cardiology for Patient A, twelve (12) months after Patient A's first abnormal NT-proBNP results.

12. On March 21, 2018, Patient A was seen by a cardiologist and an echocardiogram and electrocardiogram were performed, among other tests. The results showed a diminished ejection fraction of 20-25%, hypokinesis, multiple valvular abnormalities, and an inferior wall ischemia.

13. Respondent informed Patient A on March 29, 2018, of the echocardiogram results and recommend further provoked urine testing for lead levels. Respondent also ordered tests for Lyme disease, Ehrlichiosis, and Babesia without a clinical indication that these tests were necessary in her records.

14. On June 29, 2018, and again on July 3, 2018, Respondent reported a positive test result for antibodies to Lyme disease, Ehrlichiosis, and Babesia. Respondent recommended multiple supplements for treatment, despite clearly labeled negative lab results for both Lyme disease and Ehrlichiosis. Respondent notes Patient A's NT-proBNP was 3507 on July 3, 2018.

15. During the course of Patient A's treatment with Respondent, Respondent continually failed to note the importance of consistently high lab markers indicating heart failure in Patient A, who had previously been hospitalized for sustained ventricular tachycardia. Respondent repeatedly ordered provoked urine testing utilizing DMSA for lead toxicity with no documented neurologic deficits, complaints or history that suggested exposure to lead, despite the February 24, 2016, test showing normal lead levels. Furthermore, Respondent ordered tests for Lyme disease and its co-infections for Patient A without documenting a reason for these tests and reported a positive test result to the Patient on two occasions, despite clear negative lab results.

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COUNT I-II

NRS 630.301(4) - Malpractice

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

17. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

18. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

19. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice by failing to understand and appropriately evaluate Patient A's abnormal lab results. Respondent failed to appreciate the significance of Patient A's consistently raised NT-proBNP and react appropriately, despite Patient A's history of ventricular tachycardia.

20. Respondent also failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A as demonstrated by the Respondent's delay in appropriately evaluating the Patient's sustained elevated NT-proBNP which led to a significant delay in treatment and harm to Patient A.

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

COUNT III

NRS 630.306(1)(g) - Continual Failure to Exercise Skill or Diligence

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

23. Continual failure by the Respondent to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(g).

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24. Respondent continually failed to exercise skill or diligence as demonstrated by her repeated inability to appreciate the cause of an elevated NT-proBNP, instead diagnosing it as a marker of inflammation and elevated lead levels which were the result of provoked urine testing. Respondent repeatedly ordered provoked lead urine tests, instead of an electrocardiogram or echocardiogram, with no indicators for lead exposure.

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

COUNT IV

NRS 630.306(1)(b)(2) - Violation of Standards of Practice Established by Regulation – Failure to Consult

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

27. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

28. NAC 630.210 requires a physician to "seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services."

29. Respondent failed to timely seek consultation with regard to Patient A's medical condition from February 24, 2016, through February 13, 2018. Respondent should have consulted with an appropriate care provider to address the doubtfulness of the diagnosis of Patient A's medical condition and such a timely consultation would have confirmed or denied such a diagnosis and may have enhanced the quality of medical care provided to Patient A, with regard to her heart condition.

30. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

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COUNT V

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

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

32. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

33. Respondent failed to maintain proper medical records relating to the diagnosis, treatment, and care of Patient A, by failing to correctly document her clinical reasoning when ordering tests for Lyme disease and its coinfections as well as erroneously informing the Patient of positive test results on labs clearly marked negative.

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

COUNT VI

NRS 630.301(7) – Violation of Patient Trust and Exploitation of Physician and Patient Relationship for Financial or Personal Gain

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

36. NRS 630.301(7) provides that "engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and the patient for financial or other personal gain" is grounds for initiating discipline against a licensee.

37. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated the trust of Patient A and exploited the physician-patient relationship by erroneously informing Patient A of positive test results for Lyme disease for the motive of selling additional testing, treatments, and supplements despite clear negative lab results. Respondent also subjected Patient A to repeated provoked urine testing with DMSA for lead, despite normal lead results on Patient A's initial presentation.

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WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against her and give her notice that she 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

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

DATED this 5th day of October, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

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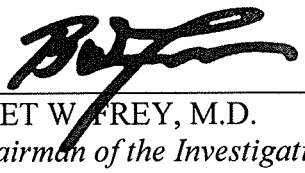
VERIFICATION

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 5th day of October, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

BRET W. FREY, M.D.
Chairman of the Investigative Committee