BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against: **CHRISTOPHER MICHAEL NEVAREZ, M.D., Respondent.**	**Case No. 24-38761-1**

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Alexander J. Hinman, Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Christopher Michael Nevarez, 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 physician holding an active license to practice medicine in the State of Nevada (License No. 14036). Respondent was originally licensed by the Board on July 25, 2011, with a specialty in Emergency Medicine.

2. Patient A[2] was a fifty-one (51) year-old female at the time of the events at issue.

3. On the night of December 15, 2020, Patient A was transported by EMS in spinal immobilization to Sunrise Hospital Emergency Department following a motor vehicle accident (MVA), in which her car was front-ended at approximately fifty (50) miles per hour resulting in confusion and loss of consciousness at the scene of the accident.

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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 Bret W. Frey, M.D., Carl N. Williams, Jr., M.D. FACS, Col. Eric D. Wade, USAF (Ret.).

[2] 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.

4. Respondent assumed care of Patient A and documented a physical exam, lab work was performed, and imaging studies were ordered. Respondent made diagnoses including lower back pain, fracture of nasal bones, contusion of the left eyelid (although the right eye was designated instead according to Respondent's narrative) and periocular area, headache, and nausea.

5. Although Patient A sustained trauma to her left eye, Respondent failed to recognize the severity of her left ocular trauma and made no record of any visual acuity testing, hence he did not attempt to obtain prompt ophthalmological consultation.

6. Respondent did not document tenderness to the right wrist or knee; however, Patient A was subsequently diagnosed with a non-displaced fracture of the right hamate bone and a minimally depressed right tibial plateau fracture.

7. Patient A was discharged after approximately three (3) hours in the emergency department with instruction forms for nasal fractures, post-MVA care and told to follow up with primary care and an otolaryngologist (ENT). Patient A was discharged without someone to take her home and instead hired a ride service.

8. On December 21, 2020, Patient A was subsequently seen by an ophthalmologist at which time she was diagnosed with iridodialysis, vitreous hemorrhage, traumatic glaucoma, iritis, and traumatic optic neuropathy requiring evaluation and treatment by various ophthalmologists. Due to the severe trauma sustained to her left eye, Patient A is now permanently blind in that eye.

9. Patient A was also seen by a hand specialist for her hamate fracture and an orthopedist for her tibial plateau fracture.

10. In his response to the Board regarding this complaint, Respondent incorrectly referred to Patient A as "he" and stated that there was no trauma to Patient A's left eye, but to the right eye, which is contradicted by the trauma flow sheet, the imaging reports, as well as subsequent medical records.

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COUNT I

NRS 630.301(4) - Malpractice

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

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

13. 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."

14. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A when he 1) failed to recognize the severity of her left ocular trauma and when he did not attempt to check her visual acuity, which may not have been possible due to traumatic injury; however, if it was not possible Respondent should have prompted arrangement of close follow-up within hours, not days; 2) when he failed to diagnose injuries to Patient A's wrist and knee; and 3) when he discharged Patient A who was likely concussed and had a multitude of distracting injuries inhibiting the ability of normal functioning after only three (3) hours.

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

COUNT II

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

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

17. 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.

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18. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to correctly document his actions when he treated Patient A, by, among other things, failing to document any visual acuity testing and failing to document an evaluation of Patient A's wrist and knee. Respondent also failed to document the correct side of the eye when describing the trauma sustained by Patient A as a result of the MVA. As a result, the medical records were not timely, legible, accurate, and complete.

19. 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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1 6. That the Board take such other and further action as may be just and proper in these
2 premises.
3 DATED this 10th day of October, 2024.
4 INVESTIGATIVE COMMITTEE OF THE
5 NEVADA STATE BOARD OF MEDICAL EXAMINERS

6 By: Alexander J. Hinman
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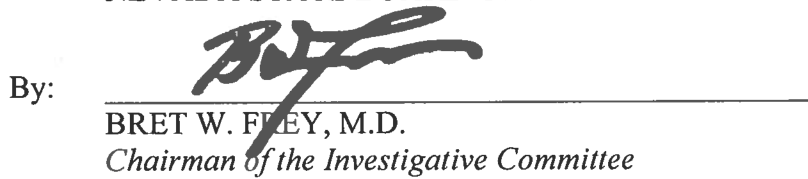
VERIFICATION

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 10th day of October, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS



By: ______________________________

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