BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against: **DAVID CARL LEPPLA, M.D., Respondent.**	**Case No. 24-29802-1**

FILED
SEP 18 2024
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

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 David Carl Leppla, 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. 11236). Respondent was originally licensed by the Board on November 30, 2004.

2. Patient A[2] was a fifty-nine (59) year-old female at the time of the events at issue.

3. On March 13, 2017, Patient A first presented to Respondent at Sierra Neurosurgery Group (SNG) with complaints of neck pain radiating into her shoulder, episodically, as well as weakness in her upper left extremity with numbness and tingling in her neck.

4. Respondent examined Patient A and noted that he found no weakness, but that she exhibited a decreased sensation to pinpricks in the first three (3) digits of her left hand.

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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 Victor M. Muro, M.D., Chowdhury H. Ahsan, M.D., Ph.D, FACC, and Ms. Pamela J. Beal.

[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.

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5. Respondent reviewed a cervical spine MRI scan that was performed at Northeastern Nevada Regional Hospital and noted that there was severe stenosis of the central canal and bilateral foraminal stenosis at multiple levels. As a result, Respondent recommended that Patient A undergo a C4-5, C5-6, and C6-7 anterior cervical discectomy and fusion, to which Patient A agreed to the procedure.

6. On March 30, 2017, Patient A underwent surgery for the aforementioned procedure; however, when she awoke, she experienced profound weakness of the right deltoid muscle, as documented by the operating room nurse. The operating room nurse then placed a call to Respondent, among others, to come bedside to assess Patient A. Respondent then ordered a CT scan of Patient A's neck.

7. An A.P.N. noted in the Discharge Summary that "Postoperatively, in the recovery room, [Patient A] had difficulty moving her arm, and that it appeared to be a right C5 nerve root palsy".

8. On March 30, 2017, at 3:35 p.m., Patient A underwent a CT scan of the neck by order of the Respondent via a phone call with the attending OR Nurse. The CT report, drafted by another doctor, stated "[a]nterior and sideplate hardware at C4 is noted along the right aspect of the vertebral body with the right sided screw traversing the foramen transversarium and extending to the neural foramen. At C5, the sideplate and screw hardware is noted along the right aspect of the vertebral body with the right-sided screw coursing within the medial aspect of the foramen transversarium." This doctor stated that he had called Respondent and was awaiting a call back.

9. On March 30, 2017, a 4:34 p.m., a CT angiogram (CTA) report made by another doctor at SNG stated that in his impression, "1. Anterior C4-7 fusion. Right-sided screws extend into the medial margins of the right transverse foramina at the C4 and C5 levels. The right vertebral artery at these levels appear (sic) opacified."

10. On March 30, 2017, at 5:10 p.m., a nurse attending to Patient A noted that she called Dr. Leppla and he stated "... okay to send to floor, CTA negative."

11. Upon information and belief, as stated in the above paragraphs, the CTA was not negative, and Patient A was in-need of additional care.

12. There is no evidence that Respondent ever saw or examined Patient A after surgery, on March 30, 2017. If Respondent had seen Patient A in the recovery room, then it would have been incumbent on him to document a detailed neurological exam with an emphasis on exactly the motor and sensory deficits, and the presence of Horner's syndrome.

13. On March 31, 2017, at 8:02 a.m., an APN documented Patient A's absence of any right deltoid movement and weakness of the biceps and triceps.

14. On March 31, 2017, another cervical MRI was completed and the radiologist reported "C4-5 level minimal central posterior spurring which abuts the ventral surface of the cord. Mild central canal stenosis. Severe left-sided neural foraminal stenosis and moderate right-sided neural foraminal stenosis." The report goes on to note that there was severe bilateral foraminal stenosis at C5-6 and C6-7.

15. On April 17, 2017, another doctor at SNG saw Patient A in a follow-up visit, which was the only post-operative visit that Patient A had with Respondent's neurosurgery group. This doctor noted that Patient A "has neuropathic pain in that right arm not really getting any deltoid or biceps function. At this point in time, I am going to start her on Neurontin 330 t.i.d...[and] we will have her followup (sic) with Dr. Leppla in the next Elko clinic that is here." Lastly, he writes, "[h]opefully in time this palsy will improve."

16. On September 18, 2017, Patient A was seen by a neurosurgeon at the University of Utah Hospital. The doctor noted the continued problems with the use of Patient A's right arm and hand, including dexterity issues. Patient A was also noted to be suffering from Horner's syndrome, which resulted in right-eye ptosis and decreased pupil size. A CTA was ordered, which demonstrated the extension of the C4 surgical screw into the foramen transversarium, as well as displacement and flattening of the vertebral artery.

17. Respondent acknowledged that Patient A suffered a severe right C5 palsy in his response to the Board on June 27, 2021, stating "[i]n the recovery room it was noted that she could not elevate her right arm with weakness in the deltoid muscle and biceps." Further, Respondent states that "[d]espite my best efforts, I did misplace the C4 and C5 screws."

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COUNT I

NRS 630.301(4) - Malpractice

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

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

20. 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."

21. 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, by among other things, misplacing the C4 and C5 screws, failing to personally examine Patient A in the recovery room on March 30, 2017, after he performed surgery on her, and by not responding to the abnormal findings on the CT and CTA scan results.

22. 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

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

24. 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.

25. 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, not documenting in detail the presence of a neurological exam of Patient A in the recovery room with an emphasis on exactly the motor and sensory deficits

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Patient A was experiencing, and the likely presence of Horner's syndrome. As a result, Respondent's medical records were not timely, legible, accurate, and complete.

26. 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

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

DATED this 18th day of September, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: Alexander J. Hinman

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

Chowdhury H. Ahsan, M.D., Ph.D., FACC, 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 18th day of September, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

CHOWDHURY H. AHSAN, M.D., PH.D., FACC
Chairman of the Investigative Committee

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