9600 Gateway Drive Reno, Nevada 89521 (775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint

Against:

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ZIAD AHMED SAWI, M.D.,

Respondent.

Case No. 24-28048-1

FILED

JUL 1 1 2024

NEVADA STATE BOARD OF MEDICAL EXAMINERS

COMPLAINT

The Investigative Committee¹ (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 Ziad Ahmed Sawi, 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:

- Respondent was at all times relative to this Complaint a physician holding an active 1. license to practice medicine in the State of Nevada (License No. 10533). Respondent was originally licensed by the Board on July 1, 2003, and has a specialty in anesthesiology.
 - Patient A² was a sixty-two (62) year-old female at the time of the events at issue. 2.
- On August 28, 2019, Patient A presented to Respondent with a chief complaint of 3. "shoulder pain." Respondent's evaluation noted thoracic pain of the T4-5 region of the spine. Also, during this visit, Respondent reviewed an MRI of Patient A's thoracic spine, noting that it showed, "disc pathology at the T6-7 and T7-8 levels, consistent with [Patient A's] physical symptomatology."

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 Chowdhury H. Ahsan, M.D., Ph.D., FACC, Ms. Pamela J. Beal, Irwin B. Simon M.D., FACS.

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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- In the medical notes, Respondent stated that he planned to proceed with a "right-4. sided T6-7, T7-8 TESI" (transforaminal epidural steroid injection), a procedure that does not cure the condition, but can provide pain relief to the patient, and that Patient A "will receive an IV push," meaning, Patient A would be put under anesthesia for the TESI's.
- The American Society of Anesthesiology (ASA) has published a position statement 5. on "Anesthetic Care During Interventional Pain Procedures for Adults" which provides that deep sedation is not necessary with TESI procedures.
- 6. On August 30, 2019, at 11:16 a.m., Patient A was taken to the operating room and anesthesia was administered by another anesthesiologist pursuant to Respondent's directive, and Patient A received three (3) successive doses of IV Propofol (100mg each), while Respondent performed the TESI's on Patient A's right T6-7 and T7-8 vertebrae.
- The procedure finished at 11:31 a.m. According to the procedure note, the 7. injectate used was "Solu-Medrol in 1% preservative-free Xylocaine...".
- Respondent knew, or should have known, that the blood supply to the thoracic 8. spinal cord is predominantly from the anterior spinal artery, and if that blood supply is compromised, it will result in permanent neurologic impairment, especially flaccid paralysis or severe weakness and there was a risk of occlusion (blockage or closing of a blood vessel) of the anterior spinal artery that is associated with a thoracic TESI procedure.
- 9. Further, Respondent knew, or should have known, that the risk of impaired blood supply to the spinal cord was accentuated by the use of a particulate steroid, as was used in this "Solo-Medrol" as referenced in the procedure note, is the brand name for procedure. methylprednisolone, and it is the steroid with the largest particles.
- The medical record indicates that shortly after Patient A awoke from her thoracic 10. injections, she complained of pain, numbness, and tingling. Respondent then brought Patient A back to the OR for a left SI joint injection. The rationale for proceeding with the left SI joint injection on an urgent basis is unclear and is not documented. Further, a medical indication for

³ "Anesthetic Care During Interventional Pain Procedures for Adults." states, "[e]xamples of procedures that typically do not require sedation but are not limited to epidural steroid injections, epidural blood patch, trigger point injections, injections into the shoulder, hip, knee, facet, and sacroiliac joints, and occipital nerve blocks." (Emphasis added.)

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performing such a procedure is based upon a presumed SI joint pathology or inflammation and is not indicated in instances of acute numbness/tingling in the legs and low back pain.

- Respondent knew or should have known, that the acute onset of bilateral lower 11. extremity numbness and tingling should not be treated with a left SI joint injection. Further, Respondent also again sedated Patient A by administering midazolam (2mg) while performing the left SI joint injection, which is again, not medically necessary for thoracic epidural injections.
- After the final injection, an MRI was performed, and after reviewing the results, 12. Patient A was transferred to Southern Hills Hospital via ambulance.
- Respondent's Operative Report notes state, "[u]pon completion of the procedure, 13. there were no problems encountered," and that "[t]he patient tolerated the procedure well. He goes on to say, "[a]fter a period of observation in the recovery, the patient was discharged into the hands of the 'driver," meaning the ambulance driver.
- Patient A was then hospitalized for seven (7) days immediately following 14. Respondent's procedure and was not discharged from Southern Hills Hospital until September 5, 2019. From there she was transported to a rehabilitation hospital.
- On January 20, 2020, Patient A was seen at the Cleveland Clinic and was 15. diagnosed with iatrogenic cervicothoracic syrinx formation caused by Respondent's injection. Providers at the Cleavland Clinic diagnosed Patient A with Central Pain Syndrome that included leg and arm weakness and difficulty walking.

COUNT I

NRS 630.301(4) - Malpractice

- All of the allegations contained in the above paragraphs are hereby incorporated by 16. reference as though fully set forth herein.
- NRS 630.301(4) provides that malpractice of a physician is grounds for initiating 17. disciplinary action against a licensee.
- NAC 630.040 defines malpractice as "the failure of a physician, in treating a 18. patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

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- As demonstrated by, but not limited to, the above-outlined facts, Respondent failed 19. to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A, when Respondent used deep sedation and/or general anesthesia for the thoracic transforaminal injections performed on August 30, 2019, and by using a steroid, methylprednisolone, that is known for having a significantly high percentage of large particles that may occlude vessels, among other things.
- By reason of the foregoing, Respondent is subject to discipline by the Board as 20. provided in NRS 630.352.

COUNT II

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

- All of the allegations contained in the above paragraphs are hereby incorporated by 21. reference as though fully set forth herein.
- NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate 22. and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.
- Respondent failed to maintain complete medical records relating to the diagnosis, 23. 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 his medical reasoning for proceeding with a left SI joint injection on an urgent basis and that the patient tolerated the procedure well. Thus, Respondent's medical records are not legible, accurate, and complete.
- By reason of the foregoing, Respondent is subject to discipline by the Board as 24. provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

- That the Board give Respondent notice of the charges herein against him and give 1. 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;
- That the Board set a time and place for a formal hearing after holding an Early 2. Case Conference pursuant to NRS 630.339(3);

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3.

2	a violation or violations of the Medical Practice Act committed by Respondent;
3	4. That the Board award fees and costs for the investigation and prosecution of this
4	case as outlined in NRS 622.400;
5	5. That the Board make, issue and serve on Respondent its findings of fact,
6	conclusions of law and order, in writing, that includes the sanctions imposed; and
7	6. That the Board take such other and further action as may be just and proper in these
8	premises.
9	DATED this 11th day of July, 2024.
10	INVESTIGATIVE COMMITTEE OF THE
11	NEVADA STATE BOARD OF MEDICAL EXAMINERS
12	By: Wegander J. Minn
13	ALEXANDER J. HINMAN Deputy General Counsel
14	9600 Gateway Drive
15	Reno, NV 89521 Tel: (775) 688-2559
16	Email: <u>ahinman@medboard.nv.gov</u> Attorney for the Investigative Committee
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That the Board determine what sanctions to impose if it determines there has been

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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 11th day of July, 2024.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

Chairman of the Investigative Committee

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 15th day of July, 2024, I served a file-stamped copy of the foregoing COMPLAINT and a true and correct copy of the PATIENT DESIGNATION, via USPS Certified Mail, postage pre-paid, to the following parties:

ZIAD AHMED SAWI, M.D. 2104 Bachelor Ct. Las Vegas, NV 89128 Respondent

Tracking No.: 9171 9690 0935 0254 6113 56

With courtesy copy by email to:

Ziad Ahmed Sawi, M.D., at <u>zdoc501@yahoo.com</u> Respondent

DATED this _____day of July, 2024.

MERCEDES FUENTES

Legal Assistant

Nevada State Board of Medical Examiners

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