

LICENSE NO. J-4515

IN THE MATTER OF  
THE LICENSE OF  
SHAH NAWEED SIDDIQI, M.D.

BEFORE THE  
TEXAS MEDICAL BOARD

AGREED ORDER

On the 7<sup>th</sup> day of June, 2010, came on to be heard before the Texas Medical Board (the Board), duly in session, the matter of the license of Shah Naweed Siddiqi, M.D. (Respondent).

On February 19, 2010, Respondent appeared in person, with counsel Terri Harris, at an Informal Show Compliance Proceeding and Settlement Conference in response to a letter of invitation from the staff of the Board. The Board's representatives were Timothy Webb, J.D., a member of the Board, and Janet Tornelli-Mitchell, M.D., a member of a District Review Committee. Sarah Tuthill represented Board staff.

BOARD CHARGES

Respondent failed to meet the standard of care in his treatment of two patients (Patient A and B). Additionally, Respondent failed to maintain adequate medical records for both patients.

BOARD HISTORY

Respondent has not received a previous disciplinary order from the Board.

Upon the recommendation of the Board's representatives and with the consent of Respondent, the Board makes the following Findings and Conclusions of Law and enters this Agreed Order.

## FINDINGS

The Board finds that:

### 1. General Findings:

- a. Respondent received all notice required by law. All jurisdictional requirements have been satisfied. Respondent waives any defect in notice and any further right to notice or hearing under the Medical Practice Act, Title 3, Subtitle B, Texas Occupations Code (the Act) or the Rules of the Board.
- b. Respondent currently holds Texas Medical License No. J-4515. Respondent was originally issued this license to practice medicine in Texas on November 20, 1993. Respondent is also licensed in West Virginia.
- c. Respondent is primarily engaged in the practice of neurological surgery. Respondent is board certified by the American Board of Neurological Surgery, a member of the American Board of Medical Specialties.
- d. Respondent is 50 years of age.

### 2. Specific Panel Findings:

- a. Respondent failed to respond in a timely manner to signs that Patients A and B had developed complications as a result of procedures completed by him, and failed to appropriately document his care provided in each case.
- b. Patient A:
  1. Patient A underwent a lumbar fusion procedure to treat her back and leg pain. Post-operatively, Patient A showed signs of weakness and numbness in her lumbar region and worsening pain in her legs, indicating that she had suffered a possible neurological change that warranted immediate evaluation.
  2. Respondent failed to properly recognize that Patient A's symptoms of pain had actually worsened post-operatively. Limiting his focus on her reports of numbness and weakness, he incorrectly diagnosed her

symptoms as being related to her reaction to anesthesia or positioning during surgery.

3. Only after the patient continued to worsen, and more than 24 hours after she showed the initial signs of complications, did Patient A undergo a repeat CT scan, which showed that the graft had fractured and the screws implanted had loosened.
4. A second operation was performed to further evaluate and correct the issue. The CT scans and second operation should have been provided the same day as the first operation. As a result of the complication of the procedure and the delay in treatment, Patient A suffered permanent and adverse injuries.
5. Respondent's documentation completed for Patient A is substandard because he failed to adequately document his completion of a neurological exam that would support his recommendation for surgery.

c. Patient B:

1. Patient B underwent a series of spinal epidural steroid injections to treat her neck and arm pain.
2. While in the recovery room area after the second procedure, Patient B began to suffer tingling, numbness, and weakness in her left arm. Patient B had suffered a spinal cord injection as the result of the injection.
3. Respondent failed to appropriately recognize Patient B's symptoms as a possible spinal cord injection warranting urgent evaluation and treatment. Respondent told Patient B that her symptoms were either the result of anesthesia or her position on the procedure table, and recommended that she return for reevaluation in five days.
4. At the follow up appointment, Patient B reported that among other symptoms, she had been unable to move her left hand at all since the procedure. Respondent suggested that she may have suffered a stroke,

and issued orders for a stat MRI of the brain and cervical spine to rule out the possibility of a stroke on an elective basis

5. Despite the fact that a diagnosis of stroke or spinal cord injury warrants urgent admission to a hospital, Respondent failed to properly make these arrangements, or recommend to Patient B that she seek emergency evaluation and treatment, but instead ordered a stat MRI of the brain and cervical spine.
6. Patient B decided to seek emergency treatment at a different facility than ordered and underwent a stat MRI that identified the spinal cord injury. Patient B was diagnosed with Horner's Syndrome on the left side with facial numbness, and profound weakness of the left hand. She continues to suffer a loss of function with her left hand.
7. Respondent failed to document his differential diagnosis of Patient B's symptoms experienced immediately after the second epidural steroid injection.

3. Mitigating Factors:

In determining appropriate sanctions in this case, the Panel considered the following mitigating factor:

Respondent does not admit or deny the Findings of Fact and Conclusions of Law set forth in this Agreed Order. However, Respondent has cooperated with Board staff in the investigation of the allegations related to this Agreed Order. Respondent's cooperation, through consent to this Agreed Order, pursuant to the provisions of Section 164.002 of the Act, will save money and resources for the State of Texas. To avoid further investigation, hearings, and the expense and inconvenience of litigation, Respondent agrees to the entry of this Agreed Order and to comply with its terms and conditions.

4. Aggravating Factors:

In determining appropriate sanctions in this case, the Panel considered the following aggravating factors:

- Both patients suffered financial and physical harm, in that both patients are no longer able to work or to participate in family activities that were possible previously to Respondent's treatment;
- The harm is significant and ongoing; and
- There were two patients harmed.

CONCLUSIONS OF LAW

Based on the above Findings of Fact, the Board concludes that:

1. The Board has jurisdiction over the subject matter and Respondent pursuant to the Act.
2. Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based upon Respondent's commission of a direct violation of Board Rule 165.1(a)(3), rules regarding the maintenance of adequate medical records.
3. Section 164.051(a)(6) of the Act and Board rules 190.8(1)(A), (C), and (D) authorize the Board to take disciplinary action against Respondent based upon his failure to meet the standard of care; use proper diligence in his professional practice; and safeguard against potential complications.
4. Section 164.001 of the Act authorizes the Board to impose a range of disciplinary actions against a person for violation of the Act or a Board rule.
5. Section 164.002(a) of the Act authorizes the Board to resolve and make a disposition of this matter through an Agreed Order.
6. Section 164.002(d) of the Act provides that this Agreed Order is a settlement agreement under the Texas Rules of Evidence for purposes of civil litigation.

## ORDER

Based on the above Findings of Fact and Conclusions of Law, the Board ORDERS that Respondent shall be subject to the following terms and conditions:

1. This Agreed Order shall constitute a PUBLIC REPRIMAND of Respondent, and Respondent is hereby reprimanded.

2. Within one year from the date of the entry of this Order, Respondent shall enroll in and successfully complete the Knowledge, Skills, Training, Assessment, and Research ("KSTAR") program's Clinical Competency Assessment offered by the Texas A&M Health Science Center Rural and Community Health Institute.

Upon Respondent's acceptance into the KSTAR program, Respondent shall execute a written request and authorization to KSTAR representatives to provide a complete copy of the final assessment report to the Compliance Division within 15 days of its completion. Respondent shall successfully complete any and all retraining, remedial measures, and/or other recommendations made by KSTAR based upon the assessment.

3. Within one year from this Order's entry date, Respondent shall enroll in and successfully complete the medical recordkeeping course offered by the University of California San Diego Physician Assessment and Clinical Education (PACE) program, or an equivalent course approved in advance by the Executive Director. To obtain approval for a course other than the PACE course, Respondent shall submit in writing to the Compliance Division of the Board information on the course, to include at least a reasonably detailed description of the course content, faculty, course location, and dates of instruction. Respondent shall submit documentation of attendance and successful completion of this requirement to the Compliance Division of the Board on or before the expiration of the time limit set forth for completion of the course. The requirements set forth in this paragraph shall be in addition to all other continuing medical education (CME) required for licensure maintenance.

4. Within one year from this Order's entry date, Respondent shall enroll in and successfully complete at least eight hours of CME in the subject area of physician-patient communication, approved for Category I credits by the American Medical Association, and approved in writing and in advance by the Compliance Division of the Board. To obtain approval

for the course, Respondent shall submit in writing to the Compliance Division of the Board information on the course, to include at least a reasonably detailed description of the course content and faculty, as well as the course location and dates of instruction. Respondent shall submit documentation of attendance and successful completion of this requirement to the Compliance Division of the Board on or before the expiration of the time limit set forth for completion of the course. The CME requirements set forth in this paragraph shall be in addition to all other CME required for licensure maintenance.

5. Respondent shall pay an administrative penalty in the amount of \$10,000 within 90 days from this Order's entry date. The administrative penalty shall be paid in a single payment by cashier's check or money order payable to the Texas Medical Board and shall be submitted to the Board for routing so as to be remitted to the Comptroller of Texas for deposit in the general revenue fund. Respondent's failure to pay the administrative penalty as ordered shall constitute grounds for further disciplinary action by the Board, and may result in a referral by the Executive Director of the Board for collection by the Office of the Attorney General.

6. The time period of this Order shall be extended for any period of time that: (a) Respondent subsequently practices exclusively outside the State of Texas; (b) Respondent's license is subsequently cancelled for nonpayment of licensure fees; (c) this Order is stayed or enjoined by Court Order; or (d) for any period of time longer than 60 consecutive days that Respondent does not actively practice medicine. If Respondent leaves Texas to practice elsewhere or ceases active practice for more than 60 consecutive days, Respondent shall immediately notify the Board in writing. Upon Respondent's return to active practice or return to practice in Texas, Respondent shall notify the Board in writing. When the period of extension ends, Respondent shall be required to comply with the terms of this Order for the period of time remaining on the Order. Respondent shall pay all fees for reinstatement or renewal of a license covering the period of extension or tolling.

7. Respondent shall comply with all the provisions of the Act and other statutes regulating the Respondent's practice.

8. Respondent shall fully cooperate with the Board and the Board staff, including Board attorneys, investigators, compliance officers, consultants, and other employees or agents of the Board in any way involved in investigation, review, or monitoring associated with

Respondent's compliance with this Order. Failure to fully cooperate shall constitute a violation of this order and a basis for disciplinary action against Respondent pursuant to the Act.

9. Respondent shall inform the Board in writing of any change of Respondent's office or mailing address within 10 days of the address change. This information shall be submitted to the Registration Department and the Compliance Department of the Board. Failure to provide such information in a timely manner shall constitute a basis for disciplinary action by the Board against Respondent pursuant to the Act. Respondent agrees that 10 days notice of a Probationer Show Compliance Proceeding to address any allegation of non-compliance of this Agreed Order is adequate and reasonable notice prior to the initiation of formal disciplinary action. Respondent waives the 30-day notice requirement provided by §164.003(b)(2) of the Medical Practice Act and agrees to 10 days notice, as provided in 22 Texas Administrative Code §187.44(4).

10. Any violation of the terms, conditions, or requirements of this Order by Respondent shall constitute unprofessional conduct likely to deceive or defraud the public, or to injure the public, and shall constitute a basis for disciplinary action by the Board against Respondent pursuant to the Act.

11. Respondent shall be permitted to supervise and delegate prescriptive authority to physician assistants and advanced practice nurses and to supervise surgical assistants.

12. This Order shall automatically terminate upon Respondent's submission of sufficient evidence to the Compliance Division of the Board that Respondent successfully completed the requirements ordered in Ordering Paragraph Nos. 2, 3, 4, and 5.

RESPONDENT WAIVES ANY FURTHER HEARINGS OR APPEALS TO THE BOARD OR TO ANY COURT IN REGARD TO ALL TERMS AND CONDITIONS OF THIS AGREED ORDER. RESPONDENT AGREES THAT THIS IS A FINAL ORDER.

THIS ORDER IS A PUBLIC RECORD.

**[Signature Pages Follow]**



I, SHAH NAWEED SIDDIQI, M.D., HAVE READ AND UNDERSTAND THE FOREGOING AGREED ORDER. I UNDERSTAND THAT BY SIGNING, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY. I UNDERSTAND THIS AGREED ORDER CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: May 28<sup>th</sup>, 2010.

*Shah Naweed Siddiqi*

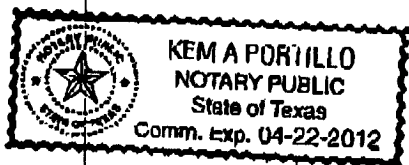
SHAH NAWEED SIDDIQI, M.D.

Respondent

STATE OF TEXAS §

COUNTY OF HARRIS §

SWORN TO AND ACKNOWLEDGED BEFORE ME, the undersigned Notary Public, on this 28<sup>th</sup> day of May, 2010.




(Notary Seal)

*Kem A. Portillo*

Signature of Notary Public

SIGNED AND ENTERED by the presiding officer of the Texas Medical Board on this 4th  
day of June, 2010.

  
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Irvin E. Zeitler, Jr., D.O., President  
Texas Medical Board