COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1774

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY AMIR ZIA, M.D., LICENSE NO. 38494, 523 PARK STREET, BOWLING GREEN, KENTUCKY 42101

THIRD AMENDED AGREED ORDER

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel B, and AMIR ZIA, M.D., (hereafter "the licensee"), and, based upon their mutual desire to permit the licensee to return to the practice of medicine, hereby ENTER INTO the following **THIRD AMENDED AGREED ORDER**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Third Amended Agreed Order:

1. At all relevant times, Amir Zia, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is Neurology.
3. On or about May 1, 2016, Patient A submitted a grievance to the Board, alleging that during the preparation for an epidural injection procedure, the licensee pulled her panties down, pressed on her buttocks, and spread them apart. Patient A stated that she believed the licensee was looking at her genitals. She stated that she felt uncomfortable and believed the licensee's actions were inappropriate. Patient A stated that a nurse was not present for the preparation, but that a nurse came in during the injection.

4. During an interview with a Board investigator, the licensee denied any inappropriate interaction with Patient A. The licensee stated that it is necessary to pull a patient's underwear down for the epidural examination and treatment, but that the nurse or the patient does this. He stated that he does the preparation for the procedure most of the time. The licensee stated that he has a chaperone present with him about 80% of the time.

5. The medical chart of Patient A was obtained and sent to a Board consultant for review. The Board consultant stated that the actions, as described by the patient in her grievance, of the licensee placing his hands on her buttocks, spreading them apart, and pumping on them would be inappropriate, have no medical value, and would not be standard medical practice.

6. Regarding the treatment provided to Patient A, the Board consultant noted that the licensee has not had formal training in interventional pain procedures during his internship, residency, or fellowship; has not had training in lumbar epidural steroid injections; and has had one hour of training in cervical epidural steroid injections using fluoroscopic guidance – not ultrasound – which is the technique used by the licensee. The consultant stated, in part

> It is noted that Dr. Zia performs his cervical and lumbar epidural steroid injections using ultrasound guidance. Ultrasound guidance for cervical and lumbar epidural injections is not taught in any courses due to the limitations of the ultrasound technique itself. Therefore, it appears Dr. Zia, with his limited training, has developed his own technique using ultrasound guidance for translaminar epidural steroid injections and cervical epidural steroid injections.
>
> Dr. Zia has not had any training in lumbar epidural steroid injections. The standard of care in interventional pain management is for this procedure and the cervical epidural steroid procedure to be performed under

> fluoroscopic guidance. The use of ultrasound guidance for these procedures, at this time, is at best investigational only.
>
> Further, review of Dr. Zia's office notes revealed there were no indications for treatment with epidural steroid injection therapies. The history and physical examination results did not include documentation that these procedures were indicated or appropriate. There were no x-rays, CT scans or MRI testing included. The only testing result which may have had some indication for these procedures was an EMG/NCS and this which showed no evidence of radiculopathy.

7. The licensee responded, in writing, on October 28, 2016, addressing the consultant's concerns regarding his competency to perform interventional pain procedures.

8. In his final report, dated November 10, 2016, the Board consultant opined that the licensee "does present some immediate threat to the citizens of Kentucky with his lack of training, inadequate monitoring, and failure to maintain current cardiovascular life support training."

9. The licensee provided proof of completing Advanced Cardiac Life Support certification on November 15, 2016.

10. On January 19, 2017, the Board's Inquiry Panel B reviewed the investigation. The Panel and the licensee agreed to enter into an Agreed Order, in lieu of the issuance of a Complaint and Emergency Order of Restriction.

11. The Agreed Order, filed of record on February 7, 2017, required that the licensee utilize a Board-approved chaperone during examination of female patients and maintain a log and provided that:

> The licensee SHALL NOT perform any act which would constitute an epidural steroid injection (including lumbar, caudal and cervical injections), a facet joint injection, and/or radiofrequency thermocoagulation of the facet median nerves unless and until approved to do so by the Panel.

12. On January 18, 2018, Inquiry Panel B approved the licensee's request to terminate the condition of the Agreed Order that required him to utilize a Board-approved chaperone and maintain a log. However, the Panel reminded the licensee that it is acceptable and prevailing medical practice to use a chaperone during examination of female patients and encouraged him to adhere to the practice. An Amended Agreed Order was filed of record on February 7, 2018.
13. On or about April 22, 2020, the Board received a grievance from Daniel S. Reynolds, M.D., alleging that in March 2020, the licensee performed an elective epidural steroid injection on Patient B, a patient whom they had in common. The grievant' s concerns were 1) the licensee performed the elective procedure during the time that elective procedures were prohibited in the Commonwealth of Kentucky per the emergency order issued by Governor Beshear due to COVID-19; and 2) the licensee's Amended Agreed Order in effect at the time of the procedure prohibited him from performing epidural steroid injections.
14. The medical chart of Patient B was obtained and sent to a Board consultant for review. The Board consultant did not find evidence that the licensee had performed an epidural steroid injection on Patient B. However, the Board consultant concluded that the licensee's diagnosis and treatment of Patient B deviated from acceptable and prevailing medical practices in the Commonwealth of Kentucky and demonstrated negligence. Specifically, the Board consultant opined that the licensee performed procedures without performing physical exam

of the areas treated, and that he used ultrasound guidance and pre-procedural coagulation testing when not medically necessary.

15. The licensee responded, in writing, on or about July 27, 2020. The licensee responded to each of the Board consultants concerns.

16. The Board Consultant issued a final report on August 11, 2020, in which he did not change his original opinions.

17. On or about September 17, 2020, the Board's Inquiry Panel B reviewed the investigation and the licensee, with counsel, appeared before and was heard by the Panel before it deliberated. The Panel and the licensee agreed to enter into a Second Amended Agreed Order, filed of record on October 5, 2020. The terms of the Second Amended Agreed Order restricted the licensee from the practice of medicine and required him to complete a clinical skills assessment, unconditionally pass the PROBE ethics course, and reimburse the Board's costs of $1,925 before submitting a request to resume practice.

18. The licensee completed a clinical skills assessment at LifeGuard in December 2020. LifeGuard issued a Final Report on February 12, 2021 in which it recommended that prior to resumption of interventional pain management procedures, the licensee complete a fellowship specific to interventional pain management, complete "substantial education" regarding medical record documentation, and have on-site practice monitoring with a Board-certified interventional pain management physician.

19. The licensee completed the PROBE ethics course in February 2021 and "conditionally passed." He retook the course in July 2021 and "unconditionally passed," as required by the Agreed Order.
20. The licensee paid the costs in full on November 3, 2020.
21. The licensee has been practicing medicine in Pakistan since December 2020.
22. At its meeting on January 20, 2022, the Panel considered the licensee's request to resume the practice of medicine.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Third Amended Agreed Order:

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. While the licensee denies any wrongdoing, he acknowledges that, based upon the Stipulations of Fact, the Hearing Panel could conclude that he has engaged in conduct which violates the provisions of KRS 311.595(5) and (9), as illustrated by KRS 311.597(3) and (4). Accordingly, there are legal grounds for the parties to enter into this Third Amended Agreed Order.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending investigation without an evidentiary hearing by entering into an informal resolution such as this Third Amended Agreed Order.

THIRD AMENDED AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to permit the licensee to return to the practice of

medicine, the parties hereby ENTER INTO the following **THIRD AMENDED AGREED ORDER ("Order"):**

1. The license to practice medicine in the Commonwealth of Kentucky held by AMIR ZIA, M.D., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Order;

2. During the effective period of this Order, the licensee's Kentucky medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RESTRICTION/LIMITATION until further order of the Board:

    a. The licensee SHALL NEITHER perform NOR participate in any act which would constitute the practice of "interventional pain management" – defined as utilizing invasive procedures to treat chronic pain, including but not limited to nerve blocks, infusions of pain relief drugs directly into the body, injections, radiofrequency ablation; spinal cord stimulation; and peripheral nerve field stimulation - within the Commonwealth of Kentucky, unless and until approved to do so by the Panel;

        i. The licensee expressly understands and agrees that the Panel SHALL NOT consider a request to resume the practice of interventional pain management procedures unless and until he has submitted proof of successful completion of a fellowship in interventional pain management;

    b. The licensee SHALL ONLY practice medicine in the context of non-interventional neurology, defined as diagnosing, treating, and managing disorders of the brain and nervous system (excluding interventional pain management thereof), until further order of the Panel;

    c. The licensee SHALL NOT perform any act which would constitute the "practice of medicine or osteopathy," as that term is defined in KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities – in the Commonwealth of Kentucky, unless and until the Panel or its Chair has approved, in writing, the practice monitor with whom he will practice medicine.

i. The decision whether to approve a particular practice monitor lies in the sole discretion of the Panel or its Chair. In determining whether to approve a particular practice monitor, the Panel or its Chair will particularly consider whether there will be appropriate supervision of the licensee, and may also consider the nature of the practice, including the licensee's proposed duties and hours to be worked. In approving such practice monitor, the Panel or its Chair may include specific conditions/restrictions to ensure patient safety;

ii. Once approved, the licensee shall not change practice monitors without first obtaining written approval by the Panel or its Chair for such change. The parties agree that the Panel or its Chair may require additional conditions and/or restrictions as a condition of it granting approval for a new practice monitor;

d. Within twenty (20) days of resuming practice within the Commonwealth of Kentucky, the licensee shall meet with the Medical Director, Kentucky Physicians Health Foundation ("the Foundation"), to arrange for and schedule all necessary evaluations/assessments to determine whether the licensee requires treatment for any condition which may impair or adversely affect his ability to practice medicine appropriately.

i. The licensee shall successfully complete each evaluation arranged by the Foundation's Medical Director and/or staff at the time(s) scheduled and shall take all necessary steps to permit and to arrange for the Foundation to receive written reports of each assessment/evaluation conducted;

ii. If the Foundation's Medical Director concludes, after reviewing the assessment/evaluation report(s), that the licensee requires treatment, the Medical Director shall advise the licensee of such fact, in writing, at the earliest time possible. If the licensee receives such written notification that treatment is necessary, he SHALL ENTER INTO a contractual relationship with the Foundation, within twenty (20) days of the date of the written notification. If the licensee is required to enter into such a contractual relationship with the Foundation after written notification, he shall fully comply with all terms and conditions of that contractual relationship;

e. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

3. The licensee understands and agrees that at least two (2) favorable consultant reviews must be performed, on terms determined by the Panel or its staff, before the Panel will consider a request to modify or terminate the substantive terms of this Order.

4. The licensee expressly agrees that if he should violate any term or condition of this Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Order.

5. The licensee understands and agrees that any violation of the terms of this Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13).

SO AGREED on this 25th day of April, 2022.

FOR THE LICENSEE:

AMIR ZIA, M.D.

KHALID A. KAHLOON
COUNSEL FOR THE LICENSEE

FOR THE BOARD:

DALE E. TONEY, M.D.
CHAIR, INQUIRY PANEL B

SARA FARMER
Assistant General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1774

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY AMIR ZIA, M.D., LICENSE NO. 38494, 523 PARK STREET, BOWLING GREEN, KENTUCKY 42101

SECOND AMENDED AGREED ORDER

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel B, and AMIR ZIA, M.D., (hereafter "the licensee"), and, based upon their mutual desire to fully and finally resolve a pending investigation without an evidentiary hearing, hereby ENTER INTO the following **SECOND AMENDED AGREED ORDER:**

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Second Amended Agreed Order:

1. At all relevant times, Amir Zia, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is Neurology.
3. On or about May 1, 2016, Patient A submitted a grievance to the Board, alleging that during the preparation for an epidural injection procedure, the licensee pulled her panties down, pressed on her buttocks, and spread them apart. Patient A stated that she believed the licensee was looking at her genitals. She stated that she felt uncomfortable and believed the licensee's actions were inappropriate. Patient A stated that a nurse was not present for the preparation, but that a nurse came in during the injection.

4. During an interview with a Board investigator, the licensee denied any inappropriate interaction with Patient A. The licensee stated that it is necessary to pull a patient's underwear down for the epidural examination and treatment, but that the nurse or the patient does this. He stated that he does the preparation for the procedure most of the time. The licensee stated that he has a chaperone present with him about 80% of the time.

5. The medical chart of Patient A was obtained and sent to a Board consultant for review. The Board consultant stated that the actions, as described by the patient in her grievance, of the licensee placing his hands on her buttocks, spreading them apart, and pumping on them would be inappropriate, have no medical value, and would not be standard medical practice.

6. Regarding the treatment provided to Patient A, the Board consultant noted that the licensee has not had formal training in interventional pain procedures during his internship, residency, or fellowship; has not had training in lumbar epidural steroid injections; and has had one hour of training in cervical epidural steroid injections using fluoroscopic guidance – not ultrasound – which is the technique used by the licensee. The consultant stated, in part

> It is noted that Dr. Zia performs his cervical and lumbar epidural steroid injections using ultrasound guidance. Ultrasound guidance for cervical and lumbar epidural injections is not taught in any courses due to the limitations of the ultrasound technique itself. Therefore, it appears Dr. Zia, with his limited training, has developed his own technique using ultrasound guidance for translaminar epidural steroid injections and cervical epidural steroid injections.
>
> Dr. Zia has not had any training in lumbar epidural steroid injections. The standard of care in interventional pain management is for this procedure and the cervical epidural steroid procedure to be performed under

fluoroscopic guidance. The use of ultrasound guidance for these procedures, at this time, is at best investigational only.

Further, review of Dr. Zia's office notes revealed there were no indications for treatment with epidural steroid injection therapies. The history and physical examination results did not include documentation that these procedures were indicated or appropriate. There were no x-rays, CT scans or MRI testing included. The only testing result which may have had some indication for these procedures was an EMG/NCS and this which showed no evidence of radiculopathy.

7. The licensee responded, in writing, on October 28, 2016, addressing the consultant's concerns regarding his competency to perform interventional pain procedures.

8. In his final report, dated November 10, 2016, the Board consultant opined that the licensee "does present some immediate threat to the citizens of Kentucky with his lack of training, inadequate monitoring, and failure to maintain current cardiovascular life support training."

9. The licensee provided proof of completing Advanced Cardiac Life Support certification on November 15, 2016.

10. On January 19, 2017, the Board's Inquiry Panel B reviewed the investigation. The Panel and the licensee agreed to enter into an Agreed Order, in lieu of the issuance of a Complaint and Emergency Order of Restriction.

11. The Agreed Order, filed of record on February 7, 2017, required that the licensee utilize a Board-approved chaperone during examination of female patients and maintain a log and provided that:

> The licensee SHALL NOT perform any act which would constitute an epidural steroid injection (including lumbar, caudal and cervical injections), a facet joint injection, and/or radiofrequency thermocoagulation of the facet median nerves unless and until approved to do so by the Panel.

12. On January 18, 2018, Inquiry Panel B approved the licensee's request to terminate the condition of the Agreed Order that required him to utilize a Board-approved chaperone and maintain a log. However, the Panel reminded the licensee that it is acceptable and prevailing medical practice to use a chaperone during examination of female patients and encouraged him to adhere to the practice. An Amended Agreed Order was filed of record on February 7, 2018.

13. On or about April 22, 2020, the Board received a grievance from Daniel S. Reynolds, M.D., alleging that in March 2020, the licensee performed an elective epidural steroid injection on Patient B, a patient whom they had in common. The grievant' s concerns were 1) the licensee performed the elective procedure during the time that elective procedures were prohibited in the Commonwealth of Kentucky per the emergency order issued by Governor Beshear due to COVID-19; and 2) the licensee's Amended Agreed Order in effect at the time of the procedure prohibited him from performing epidural steroid injections.

14. The medical chart of Patient B was obtained and sent to a Board consultant for review. The Board consultant did not find evidence that the licensee had performed an epidural steroid injection on Patient B. However, the Board consultant concluded that the licensee's diagnosis and treatment of Patient B deviated from acceptable and prevailing medical practices in the Commonwealth of Kentucky and demonstrated negligence. Specifically, the Board consultant opined that the licensee performed procedures without performing physical exam of the areas treated, and that he used ultrasound guidance and pre-procedural

coagulation testing when not medically necessary. The Board consultant's report is attached and incorporated in its entirety.

15. The licensee responded, in writing, on or about July 27, 2020. The licensee responded to each of the Board consultants concerns.
16. The Board Consultant issued a final report on August 11, 2020, in which he did not change his original opinions.
17. On or about September 17, 2020, the Board's Inquiry Panel B reviewed the investigation and the licensee, with counsel, appeared before and was heard by the Panel before it deliberated. The Panel and the licensee agreed to enter into this Second Amended Agreed Order, in lieu of the issuance of a Complaint and Emergency Order of Suspension.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Second Amended Agreed Order:

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. While the licensee denies any wrongdoing, he acknowledges that, based upon the Stipulations of Fact, the Hearing Panel could conclude that he has engaged in conduct which violates the provisions of KRS 311.595(5) and (9), as illustrated by KRS 311.597(3) and (4). Accordingly, there are legal grounds for the parties to enter into this Second Amended Agreed Order.

3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending investigation without an evidentiary hearing by entering into an informal resolution such as this Second Amended Agreed Order.

SECOND AMENDED AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve a pending investigation without an evidentiary hearing, the parties hereby ENTER INTO the following **SECOND AMENDED AGREED ORDER:**

1. The license to practice medicine in the Commonwealth of Kentucky held by AMIR ZIA, M.D., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Second Amended Agreed Order;
2. During the effective period of this Second Amended Agreed Order, the licensee's Kentucky medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RESTRICTION/LIMITATION until further order of the Board:
    a. The licensee SHALL NOT perform any act within the Commonwealth of Kentucky which would constitute the "practice of medicine or osteopathy," as that term is defined by KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities," unless and until approved to do so by the Panel;
    b. The Panel SHALL NOT consider a request by the licensee to resume the practice of medicine unless and until:
        i. The Board has received an assessment report and educational/remediation plan (if recommended) following the licensee's completion of a clinical skills assessment at either:

1. Center for Personalized Education for Professionals ("CPEP"), 720 South Colorado Boulevard, Suite 1100-N, Denver, Colorado 80246, Tel. (303) 577-3232 or
2. LifeGuard, 777 East Park Drive, Harrisburg, Pennsylvania, 17111, Tel. (717) 909-2590; and

ii. The licensee has completed and "unconditionally passed" the *ProBE* Program offered through the Center for Personalized Education for Professionals (CPEP), 720 South Colorado Boulevard, Suite 1100-N, Denver, Colorado 80246, Tel. (303) 577-3232, at his expense, and has ensured that the Board has received a copy of any evaluations, reports or essays from the *ProBE* Program;

c. Pursuant to KRS 311.565(1)(v), the licensee SHALL REIMBURSE the Board's investigative costs in the amount of $1,925.00, within one (1) year from the date of filing of this Agreed Order; and

d. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

3. The licensee understands and agrees that if the Panel should grant his request to resume the practice of medicine within the Commonwealth of Kentucky, it shall do so pursuant to a Third Amended Agreed Order which shall at least require that:

a. The licensee SHALL successfully complete the educational/remediation plan, if such a plan is recommended and developed, at his expense and as directed by CPEP/LifeGuard; and

b. Any other conditions deemed necessary by the Panel or Panel Chair at that time.

4. The licensee expressly agrees that if he should violate any term or condition of this Second Amended Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Second Amended Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a

violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Second Amended Agreed Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Second Amended Agreed Order.

5. The licensee understands and agrees that any violation of the terms of this Second Amended Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13).

SO AGREED on this 2nd day of October, 2020.

FOR THE LICENSEE:

AMIR ZIA, M.D.

KHALID A. KAHLOON
COUNSEL FOR THE LICENSEE

FOR THE BOARD:

RICHARD WHITEHOUSE, ESQ.
CHAIR, INQUIRY PANEL B

SARA FARMER
Assistant General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

Pain Management Consultants, LLC
1169 Eastern Parkway, Suite 2211 Louisville, KY 40217
Phone (502) 635-2775 Fax (502) 371-0475

Jeffrey W. Berg, M.D.
Melissa A. Hoehler, APRN

June 23, 2020

To whom it may concern:

This medical record review begins on February 22 of 2018. [redacted] was a 38-year-old female when she presented to Amir Zia, MD of Zia Neurology Associates. The history of present illness describes the following problems: memory loss, pain, pre-syncope, abnormal movements, and foot numbness. The patient's pain was in her lower back, left hip, shoulders, and cervical spine.

Her current medicines were tramadol, Zofran, ranitidine, omeprazole, potassium, and gabapentin. Medical allergies: Topamax and Lyrica.

Past medical history was listed as GERD, chronic pain, PTSD, Barrett's esophagus, irritable bowel syndrome, and carpel tunnel syndrome. Surgical history: tubal ligation, left shoulder repair.

Family history, Social history, and Review of Systems were present in the records and are non-contributory with respect to this review.

A physical exam is present, including an extensive neurologic focus. However, there is no musculoskeletal exam of the sacroiliac joints, shoulders, lumbar, and cervical spines.

"Assessments" #1 cervicalgia #2 Dorsalgia #3 chronic pain #4 syncope

"Treatment" #1 X-rays of the cervical and lumbar spines #2 extensive blood work was also performed #3 an MRI of the brain

The patient returned for several visits over the next month. She was started on regular vitamin B 12 injections. The lumbar spine X-ray showed L4-L5 mild to moderate degenerative disc disease. The cervical spine X-rays found mild degeneration changes at C3-4, C4-5, and C5-6. Autonomic nervous system testing by Dr. Zia revealed generalized autonomic dysfunction. On 3/22/2018, [redacted] had an EEG which Dr. Zia read as normal. For lower extremity numbness, on 4/24/2018, the patient had EMG/NCS by Dr. Zia, indicating mild carpel tunnel syndrome. The patient was started on fludrocortisone tablets. [redacted] was next seen on 6/25/2018 and for her left hip pain a left sacroiliac joint injection was recommended and performed on 7/6/2018, without any physical exam of the hips, lumbar spine or sacroiliac joints. It is also noted there were no x-rays of the sacroiliac joints. The procedure was performed under ultrasound guidance. The injected medication was kenalog 120mg and 17 ml of .5% lidocaine. The patient underwent pre- procedural INR testing. [redacted] returned two weeks later and reported good relief of her back pain, but for her persistent left hip pain she had x- rays of her left hip, which were normal.

The patient returned on 8/8/18 and for her continued cervical and lumbar pain, she had CT exams of the cervical and lumbar spines with these results: "Degenerative disc changes at L4-5 with disc osteophyte complex encroaching on inferior aspect of the neuroforamina more on the left than the right. Degenerative disc changes at C3-4, C4-5, C5-6, more at C3-4 causing moderate narrowing of the neural foramina bilaterally and mild spinal canal stenosis."

At the patient's request, a second sacroiliac joint injection under ultrasound guidance was performed on August 13, 2018. There was no physical exam of the sacroiliac joints, hips, or lumbar spine. INR testing was again done pre-procedurally. At the patient's follow up on September 10, 2018, she reported good relief of symptoms following her sacroiliac joint injection. She requested a third sacroiliac injection which was performed using 80 mg of Kenalog and 8 mL of .5% lidocaine. This procedure was performed under ultrasound guidance and with pre-procedural INR testing. It is again noted that there was no physical examination of the lower back, hips, or sacroiliac joints. The patient was seen in follow-up 10 days later where she reported good relief from her sacroiliac joint injection, and she was continued on her current treatment plan.

The patient followed up 10 days later, on October 2, 2018, complaining of left shoulder pain. A cervical MRI was ordered with and without contrast. The patient was also rescheduled for trigger point injections under ultrasound guidance; three procedures were to be done 4 weeks apart. There was no physical examination of the cervical spine or shoulders. The patient was again seen 10 days later, on October 12, 2018, where recent laboratory blood work was reviewed, and she was started on Lipitor. On October 17, 2018, [redacted] was seen in follow-up and was requesting trigger point injections in the neck and shoulders. This procedure was performed in the left trapezius and left splenius capitis muscles under ultrasound guidance, and again with no pre-procedural physical examination of the muscles of the neck and shoulders.

Her next follow-up was November 6, 2018. Recently ordered MRIs of the cervical, thoracic, and lumbar spines were reviewed with the patient, showing cervical disc protrusions at C3-4 and C5-6, with mild to moderate stenosis. Her thoracic MRI was within normal limits. In the lumbar spine, at L4-5, there was a left paracentral disc protrusion causing impression on the budding left L5 nerve root, with moderate left-sided foraminal narrowing. [redacted] was seen eight days later, on November 14, 2018 requesting her second left cervical and shoulder trigger point injections. This procedure was again performed without physical examination of the neck and shoulders. The trigger point injections under ultrasound guidance were again repeated on December 12, 2018 without physical examination of the neck and shoulders.

[redacted] was seen just six days later complaining of lower back and left hip pain and she was scheduled to follow up on January 15, 2019 for a repeat left sacroiliac joint injection. There was no physical examination of the lower back or sacroiliac joints. The patient returned on January 8, 2019 for EMG/NCS testing by Dr. Zia which he interpreted as normal. The patient also had, at that visit, a repeat of the trigger point injections in the left shoulder and cervical spine, again without a physical exam of the neck and shoulders. On January 15, 2019, the patient returned for the left lumbar trigger point injections which were again performed without a physical examination of the area to be treated, INR testing was done, and the procedure was completed without complications. The patient's next follow up was one week later, on January 22, 2019. She was continued on her current medications with the addition of lisinopril for hypertension. Eight days later, on January 30, 2019, the patient was seen again for "follow up." She was rescheduled for a repeat of her lumbar trigger point injections. However, the patient returned six days later, on February 5, 2019. At this evaluation she had Norvasc added to her medical regimen and she was referred to Dr. Timoney for consultation of her cervical and lumbar pain. [redacted] returned on February 13, 2019, where for her complaints of memory loss, she had an MRI of the brain ordered and she was to remain off work until she had her consultation with Dr. Timoney. Her next visit on February 27, 2019 the results of her MRI of the brain were reviewed. On March 4, 2019, the patient was seen for medication review and she was referred to physical therapy. Her next visit on March 18, 2019 she was okayed to return to work, and she was continued on her medications.

The patient's next visit was April 24, 2019. The history of present illness and reason for her appointment were unchanged from several prior visits and several subsequent visits. Without explanation or physical exam, she was scheduled for three ultrasound guided trigger point injections to be done four weeks apart. The patient returned on May 3, 2019, left lumbar trigger point injections under ultrasound guidance were performed with pre-procedural INR testing and citalopram 20mg daily was prescribed without explanation. On May 31, 2019 [redacted] had a repeat of her lumbar trigger point injections with pre-procedural INR testing and no physical exam. The citalopram was increased to 40mg per day without explanation. Five days later, on June 4, 2019, the patient had a follow up visit and she was rescheduled for her third lumbar trigger point injections.

On June 28, 2019, the patient returned with new complaints of flank pain, urinary frequency, and hematuria. She was diagnosed with a urinary tract infection. Her urine was cultured and a CT of the abdomen and pelvis was ordered to evaluate the patient for a possible kidney stone. She was prescribed Bactrim, Flomax, Zofran, and Naproxen and the patient was given an IM injection of Ketorolac. On July 15, 2019, the patient was seen for what was described as follow up for left ankle swelling and pain. There was no physical exam of the left ankle. The treatment plan was rest, ice, ACE compression bandage, and an x-ray of the left ankle. On August 27, 2019, [redacted] returned requesting her third left lumbar trigger point injections which were performed without a physical exam and pre-procedural INR testing was repeated.

In the month of September 2020 [redacted] had four visits. For complaints of ankle and knee pain x-rays were performed and read as normal. She had trigger point injections with ultrasound guidance to her right lumbar spine without a physical exam and again with pre- procedural INR testing.

Ultrasound guided trigger point injections to the right lumbar area were repeated on October 25, 2019 and November 22, 2019 without any physical exam of the treated area. Pre-procedural INR testing was also repeated.

On February 26, 2020, the patient returned wanting to discuss "injections". Without explanation, x-rays of the cervical, thoracic, and lumbar spines were ordered as well as extensive blood work. Her next encounter was March 6, 2020. The x-ray results were discussed, and she was given a B12 injection. Right sided lumbar trigger point injections were repeated on March 18, 2020 with pre-procedural INR testing and no physical exam of the treated area.

The medical record shows three patient encounters in the month of April 2020. [redacted] had a repeat of the ultrasound guided trigger point injections to the right lumbar area without physical exam and with pre-procedural INR testing. For her ongoing cervical symptoms, she had repeat cervical spine x-rays which were previously done on February 26, 2020.

After extensive review of Dr. Amir Zia's medical records on patient [redacted] I have concluded that his diagnosis and treatment fail to meet minimal medical standards of care for the following reasons:

#1 Dr. Zia performed the following procedures on [redacted] without a physical exam of the areas treated. Three trigger point injections to the left cervical and shoulder muscles, three trigger point injections to left lumbar paraspinal muscles, three trigger point injections to right lumbar paraspinal muscles, and three left sacroiliac joint injections.

The diagnostic criteria for sacroiliitis and or sacroiliac joint dysfunction requires a physical exam. There is no definitive laboratory or imaging that can be performed to make this diagnosis. The classic exam features several provocative maneuvers of the sacroiliac joints such as compression, distraction and Faber's test.

The diagnosis of muscle dysfunction and pain that might respond to trigger point injections also requires a physical exam to evaluate things such as muscle tenderness and the presence of palpable taut bands.

#2 The routine use of ultrasound guidance by interventional pain physicians for trigger point injections is not considered medically necessary. There could be a rare need to locate a specific muscle that would be an exception. This is not explained in the medical record. Physical therapists perform a similar procedure called dry needling without ultrasound guidance. The use of ultrasound guidance is just becoming recognized for use in sacroiliac joint injections with the current standard being fluoroscopic guidance. Dr. Zia used ultrasound for all of his procedures.

#3 The use of pre-procedural coagulation testing is not considered medically necessary for routine interventional pain procedures such as epidural steroid injections, trigger point injections, most nerve blocks, and sacroiliac joint injections. The exceptions to this are any patient on anticoagulants and any suspicion of a coagulopathy, such as a patient with liver disease. [redacted] was not on anticoagulants. So, if Dr. Zia was being cautious, he might have ordered coagulation studies prior to his first procedure. However, he did INR testing prior to all his procedures, even if just days apart, without indication.

#4 The sacroiliac joint hàs a synovial capsule volume of approximately 2.5 ml. Injection of excessive volumes can lead to joint capsule rupture and joint damage. Dr. Zia used a total volume on the first sacroiliac joint injection of 19 ml. and 10ml. on the second SIJ injection without explanation.

#5 From February 2018 thru April 2020 there were 60 individual patient encounters.

#6 There appears to be a pattern of over utilization of medical resources for possible monetary gain.

My overall opinion is this case is clearly below minimum standards of care. There is evidence of negligence. However, I do not feel that there is an immediate danger to the citizens of Kentucky.

Jeffrey W. Berg MD.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1774

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY AMIR ZIA, M.D., LICENSE NO. 38494, 996 WILKINSON TRACE, SUITE A-7, BOWLING GREEN, KENTUCKY 42103

AMENDED AGREED ORDER

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel B, and AMIR ZIA, M.D., (hereafter "the licensee"), and, based upon the licensee's request to terminate a condition of the previously entered Agreed Order, hereby ENTER INTO the following **AMENDED AGREED ORDER:**

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Amended Agreed Order:

1. At all relevant times, Amir Zia, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is Neurology.
3. On or about May 1, 2016, Patient A submitted a grievance to the Board, alleging that during the preparation for an epidural injection procedure, the licensee pulled her panties down, pressed on her buttocks, and spread them apart. Patient A stated that she believed the licensee was looking at her genitals. She stated that she felt uncomfortable and believed the licensee's actions were inappropriate. Patient A stated that a nurse was not present for the preparation, but that a nurse came in during the injection.

4. During an interview with a Board investigator, the licensee denied any inappropriate interaction with Patient A. The licensee stated that it is necessary to pull a patient's underwear down for the epidural examination and treatment, but that the nurse or the patient does this. He stated that he does the preparation for the procedure most of the time. The licensee stated that he has a chaperone present with him about 80% of the time.

5. The medical chart of Patient A was obtained and sent to a Board consultant for review. The Board consultant stated that the actions, as described by the patient in her grievance, of the licensee placing his hands on her buttocks, spreading them apart, and pumping on them would be inappropriate, have no medical value, and would not be standard medical practice.

6. Regarding the treatment provided to Patient A, the Board consultant noted that the licensee has not had formal training in interventional pain procedures during his internship, residency, or fellowship; has not had training in lumbar epidural steroid injections; and has had one hour of training in cervical epidural steroid injections using fluoroscopic guidance – not ultrasound – which is the technique used by the licensee. The consultant stated, in part

> It is noted that Dr. Zia performs his cervical and lumbar epidural steroid injections using ultrasound guidance. Ultrasound guidance for cervical and lumbar epidural injections is not taught in any courses due to the limitations of the ultrasound technique itself. Therefore, it appears Dr. Zia, with his limited training, has developed his own technique using ultrasound guidance for translaminar epidural steroid injections and cervical epidural steroid injections.
>
> Dr. Zia has not had any training in lumbar epidural steroid injections. The standard of care in interventional pain management is for this procedure and the cervical epidural steroid procedure to be performed under

fluoroscopic guidance. The use of ultrasound guidance for these procedures, at this time, is at best investigational only.

Further, review of Dr. Zia's office notes revealed there were no indications for treatment with epidural steroid injection therapies. The history and physical examination results did not include documentation that these procedures were indicated or appropriate. There were no x-rays, CT scans or MRI testing included. The only testing result which may have had some indication for these procedures was an EMG/NCS and this which showed no evidence of radiculopathy.

7. The licensee responded, in writing, on October 28, 2016, addressing the consultant's concerns regarding his competency to perform interventional pain procedures.

8. In his final report, dated November 10, 2016, the Board consultant opined that the licensee "does present some immediate threat to the citizens of Kentucky with his lack of training, inadequate monitoring, and failure to maintain current cardiovascular life support training."

9. The licensee provided proof of completing Advanced Cardiac Life Support certification on November 15, 2016.

10. On January 19, 2017, the Board's Inquiry Panel B reviewed the investigation. The Panel and the licensee agreed to enter into an Agreed Order, in lieu of the issuance of a Complaint and Emergency Order of Restriction.

11. The Agreed Order, filed of record on February 7, 2017, required that the licensee utilize a Board-approved chaperone during examination of female patients and maintain a log.

12. On January 18, 2018, Inquiry Panel B approved the licensee's request to terminate the condition of the Agreed Order that required him to utilize a Board-approved chaperone and maintain a log. However, the Panel reminded the

licensee that it is acceptable and prevailing medical practice to use a chaperone during examination of female patients and encouraged him to adhere to the practice.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Amended Agreed Order:

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. While the licensee denies any wrongdoing, he acknowledges that, based upon the Stipulations of Fact, the Hearing Panel could conclude that he has engaged in conduct which violates the provisions of KRS 311.595(5) and (9), as illustrated by KRS 311.597(3) and (4). Accordingly, there are legal grounds for the parties to enter into this Amended Agreed Order.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending investigation without an evidentiary hearing by entering into an informal resolution such as this Amended Agreed Order.

AMENDED AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon the licensee's request to terminate a condition of the previously entered Agreed Order, the parties hereby ENTER INTO the following **AMENDED AGREED ORDER:**

1. The license to practice medicine in the Commonwealth of Kentucky held by AMIR ZIA, M.D., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Amended Agreed Order;
2. During the effective period of this Agreed Order, the licensee's Kentucky medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RESTRICTION/LIMITATION until further order of the Board:

    a. The licensee SHALL NOT perform any act which would constitute an epidural steroid injection (including lumbar, caudal and cervical injections), a facet joint injection, and/or radiofrequency thermocoagulation of the facet median nerves unless and until approved to do so by the Panel; and

    b. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

3. The licensee expressly understands and agrees that the Panel SHALL NOT consider a request to modify or terminate this Amended Agreed Order unless and until he has submitted proof of successful completion of a fellowship in pain management or an accredited residency program that included a rotation of at least five (5) months in pain management.
4. The licensee expressly agrees that if he should violate any term or condition of this Amended Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Amended Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has

occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Amended Agreed Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Amended Agreed Order.

5. The licensee understands and agrees that any violation of the terms of this Amended Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13), and may provide a legal basis for criminal prosecution.

SO AGREED on this 7th day of February, 2018.

FOR THE LICENSEE:

AMIR ZIA, M.D.

DAVID F. BRODERICK
COUNSEL FOR THE LICENSEE

FOR THE BOARD:

RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY PANEL B

Sara Farmer

SARA FARMER
Assistant General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1774

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY AMIR ZIA, M.D., LICENSE NO. 38494, 996 WILKINSON TRACE, SUITE A-7, BOWLING GREEN, KENTUCKY 42103

AGREED ORDER

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel B, and AMIR ZIA, M.D., (hereafter "the licensee"), and, based upon their mutual desire to fully and finally resolve this pending investigation without an evidentiary hearing, hereby ENTER INTO the following **AGREED ORDER**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order:

1. At all relevant times, Amir Zia, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is Neurology.
3. On or about May 1, 2016, Patient A submitted a grievance to the Board, alleging that during the preparation for an epidural injection procedure, the licensee pulled her panties down, pressed on her buttocks, and spread them apart. Patient A stated that she believed the licensee was looking at her genitals. She stated that she felt uncomfortable and believed the licensee's actions were inappropriate. Patient A stated that a nurse was not present for the preparation, but that a nurse came in during the injection.

4. During an interview with a Board investigator, the licensee denied any inappropriate interaction with Patient A. The licensee stated that it is necessary to pull a patient's underwear down for the epidural examination and treatment, but that the nurse or the patient does this. He stated that he does the preparation for the procedure most of the time. The licensee stated that he has a chaperone present with him about 80% of the time.

5. The medical chart of Patient A was obtained and sent to a Board consultant for review. The Board consultant stated that the actions, as described by the patient in her grievance, of the licensee placing his hands on her buttocks, spreading them apart, and pumping on them would be inappropriate, have no medical value, and would not be standard medical practice.

6. Regarding the treatment provided to Patient A, the Board consultant noted that the licensee has not had formal training in interventional pain procedures during his internship, residency, or fellowship; has not had training in lumbar epidural steroid injections; and has had one hour of training in cervical epidural steroid injections using fluoroscopic guidance – not ultrasound – which is the technique used by the licensee. The consultant stated, in part

> It is noted that Dr. Zia performs his cervical and lumbar epidural steroid injections using ultrasound guidance. Ultrasound guidance for cervical and lumbar epidural injections is not taught in any courses due to the limitations of the ultrasound technique itself. Therefore, it appears Dr. Zia, with his limited training, has developed his own technique using ultrasound guidance for translaminar epidural steroid injections and cervical epidural steroid injections.
>
> Dr. Zia has not had any training in lumbar epidural steroid injections. The standard of care in interventional pain management is for this procedure and the cervical epidural steroid procedure to be performed under

fluoroscopic guidance. The use of ultrasound guidance for these procedures, at this time, is at best investigational only.

Further, review of Dr. Zia's office notes revealed there were no indications for treatment with epidural steroid injection therapies. The history and physical examination results did not include documentation that these procedures were indicated or appropriate. There were no x-rays, CT scans or MRI testing included. The only testing result which may have had some indication for these procedures was an EMG/NCS and this which showed no evidence of radiculopathy.

7. The licensee responded, in writing, on October 28, 2016, addressing the consultant's concerns regarding his competency to perform interventional pain procedures.

8. In his final report, dated November 10, 2016, the Board consultant opined that the licensee "does present some immediate threat to the citizens of Kentucky with his lack of training, inadequate monitoring, and failure to maintain current cardiovascular life support training."

9. The licensee provided proof of completing Advanced Cardiac Life Support certification on November 15, 2016.

10. On January 19, 2017, the Board's Inquiry Panel B reviewed the investigation. The Panel and the licensee agreed to enter into this Agreed Order, in lieu of the issuance of a Complaint and Emergency Order of Restriction.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order:

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.

2. While the licensee denies any wrongdoing, he acknowledges that, based upon the Stipulations of Fact, the Hearing Panel could conclude that he has engaged in conduct which violates the provisions of KRS 311.595(5) and (9), as illustrated by KRS 311.597(3) and (4). Accordingly, there are legal grounds for the parties to enter into this Agreed Order.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending investigation without an evidentiary hearing by entering into an informal resolution such as this Agreed Order.

AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve this pending investigation without an evidentiary hearing, the parties hereby ENTER INTO the following **AGREED ORDER:**

1. The license to practice medicine in the Commonwealth of Kentucky held by AMIR ZIA, M.D., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Agreed Order;
2. During the effective period of this Agreed Order, the licensee's Kentucky medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RESTRICTION/LIMITATION until further order of the Board:

    a. The licensee SHALL NOT perform any act which would constitute an epidural steroid injection (including lumbar, caudal and cervical injections), a facet joint injection, and/or radiofrequency thermocoagulation of the facet median nerves unless and until approved to do so by the Panel;

b. The licensee shall not conduct any sensitive examination or be in the presence of a female patient who is partially or fully disrobed, unless he is accompanied at all times by an Board-approved individual who has first agreed to serve as a chaperone, under the terms specified in the standard letter provided by the Board for this purpose. If the Board-approved chaperone must leave the examination room for any period of time, the licensee SHALL stop his examination and/or treatment of the female patient until the approved chaperone may again be present;

   i. Any chaperone utilized by the licensee must be approved, in advance, by the Board or its staff and must agree in writing to 1) remain present and within direct eyesight and within clear hearing distance of the licensee and the patient throughout the entire period the licensee is with a female patient; 2) accurately record the chaperone's presence, or absence, for the entire duration of such patient interaction in the patient's chart, or the patient record maintained by that clinical setting; 3) immediately notify the designated contact person at the Board's offices to report any violation of the chaperone requirement by the licensee. The licensee may request and the Board or its agents may approve more than one chaperone to fulfill this requirement. The licensee shall be solely responsible for payment of the costs of such chaperone(s).

   ii. The licensee shall maintain a separate log documenting each patient seen with a chaperone and the name, title and location of the chaperone utilized. Upon request, the licensee shall permit the Board's agents to review this log and shall take all necessary steps to arrange for the Board's agents to review the patient(s)' chart(s) and to interview the chaperone(s).

c. The licensee SHALL pay the costs of the investigation in the amount of $1,687.50 within six (6) months from the date of entry of this Agreed Order; and

d. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

3. The licensee expressly understands and agrees that the Panel SHALL NOT consider a request to modify or terminate the condition in Paragraph (2)(a) of this Agreed Order unless and until he has submitted proof of successful

completion of a fellowship in pain management or an accredited residency program that included a rotation of at least five (5) months in pain management.

4. The licensee expressly agrees that if he should violate any term or condition of this Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order.
5. The licensee understands and agrees that any violation of the terms of this Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13), and may provide a legal basis for criminal prosecution.

SO AGREED on this 7th day of February, 2016.

FOR THE LICENSEE:

AMIR ZIA, M.D. 2/6/17

DAVID P. BRODERICK 2/6/17
COUNSEL FOR THE LICENSEE

FOR THE BOARD:

RUSSELL L. TRAVIS, M.D.
CHAIR, INQUIRY PANEL B

SARA FARMER
Assistant General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150