*Board for Professional Medical Conduct*

*Corning Tower • Empire State Plaza • Albany, NY 12237 • (518) 474-8357*

Mark R. Chassin, M.D., M.P.P., M.P.H.
*Commissioner*

C. Maynard Guest, M.D.
*Executive Secretary*

March 14, 1994

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Ranjit Singh Bisla, M.D.
3002 East Polo Verde Drive
Phoenix, AZ 85016

RE: License No. 122015
Effective Date: 3/21/94

Dear Dr. Bisla:

Enclosed please find Order #BPMC 94-34 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect upon receipt of this letter or seven (7) days after the date of this letter, whichever is earlier.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order.

Board for Professional Medical Conduct
New York State Department of Health
Empire State Plaza
Tower Building-Room 438
Albany, New York 12237-0756

Sincerely,

C Maynard Guest

C. Maynard Guest, M.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

| IN THE MATTER OF RANJIT SINGH BISLA, M.D. | ORDER BPMC 94-34 |
|---|---|

Upon the Application of RANJIT SINGH BISLA, M.D. (Respondent) to Surrender his license as a physician in the State of New York, which application is made a part hereof, it is

ORDERED, that the application and the provisions thereof are hereby adopted; it is further

ORDERED, that the name of Respondent be stricken from the roster of physicians in the State of New York; it is further

ORDERED, that Respondent shall not apply for the restoration of Respondent's license until at least one year has elapsed from the effective date of this order; and it is further

ORDERED, that this order shall take effect as of the date of the personal service of this order upon Respondent, upon receipt by Respondent of this order via certified mail, or seven days after mailing of this order via certified mail, whichever is earliest.

SO ORDERED,

DATED: 7 March 1994

Charles J. Vacanti
CHARLES J. VACANTI, M.D.
Chairperson
State Board for Professional Medical Conduct

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

| IN THE MATTER OF RANJIT SINGH BISLA, M.D. | APPLICATION TO SURRENDER LICENSE |
|---|---|

STATE OF ARIZONA )
ss.:
COUNTY OF MARICOPA )

RANJIT SINGH BISLA, M.D., being duly sworn, deposes and says:

On or about September 23, 1974, I was licensed to practice as a physician in the State of New York having been issued License No. 122015 by the New York State Education Department.

I am not currently registered with the New York State Education Department to practice as a physician in the State of New York. My current mailing address is 3002 East Palo Verde Drive, Phoeniz, Arizona 85016.

I understand that I have been charged with one Specification of professional misconduct as set forth in the Statement of Charges, annexed hereto, made a part hereof, and

marked as Exhibit "A", based upon certain factual allegations, also set forth in Exhibit "A".

I am applying to the State Board for Professional Medical Conduct for permission to surrender my license as a physician in the State of New York on the grounds that I admit the truth of the factual allegations set forth in Exhibit A, that I stipulate that said factual allegation support the Specification of professional misconduct as set forth in Exhibit A, and that I admit guilt to said Specification.

I hereby make this application to the State Board for Professional Medical Conduct and request that it be granted.

I understand that, in the event that the application is not granted by the State Board for Professional Medical Conduct, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such application shall not be used against me in any way, and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the State Board for Professional Medical Conduct shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by a Committee on Professional Medical Conduct pursuant to the provisions of the Public Health Law.

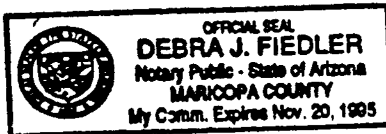
I agree that in the event the State Board for Professional Medical Conduct grants my application, an order shall be issued striking my name from the roster of physicians in the State of New York without further notice to me.

I am making this Application of my own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

RANJIT SINGH BISLA, M.D.
Respondent

Sworn to before me this
21st day of February, 1994

NOTARY PUBLIC

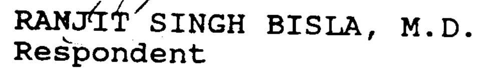


STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

| IN THE MATTER OF RANJIT SINGH BISLA, M.D. | APPLICATION TO SURRENDER LICENSE |
|---|---|

The undersigned agree to the attached application of the Respondent to surrender his license.

Date: 2. 22 , 1994



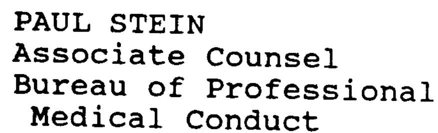
RANJIT SINGH BISLA, M.D.
Respondent

Date: ________, 1994

NONE

ATTORNEY FOR RESPONDENT
(if any)

Date: February 25, 1994



PAUL STEIN
Associate Counsel
Bureau of Professional
Medical Conduct

RANJIT SINGH BISLA, M.D.

Date: March, 1994

KATHLEEN M. TANNER
Director, Office of Professional
Medical Conduct

Date: 7 March 1994

CHARLES J. VACANTI, M.D.
Chairperson, State Board for
Professional Medical Conduct

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

| IN THE MATTER OF RANJIT SINGH BISLA, M.D. | : | STATEMENT OF CHARGES |
|---|---|---|

RANJIT SINGH BISLA, M.D., the Respondent, was authorized to practice medicine in New York State on September 23, 1974 by the issuance of license number 122015 by the New York State Education Department. The Respondent is not currently registered to practice medicine in the State of New York.

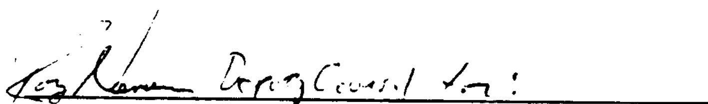
**ALLEGATIONS**

A. Respondent's license to practice medicine in the state of Arizona was restricted and Respondent was placed on probation or permanent probation by the issuance of an order of the Arizona Board of Medical Examiners (Appendix I). This disciplinary sanction was imposed after the initiation of a disciplinary action charging Respondent with conduct which, if committed in New York, would constitute professional misconduct as defined in N.Y. Educ. Law Section 6530 (3), (4), and/or (35) (McKinney Supp. 1994). This sanction, imposed on September 9, 1989, was affirmed by the Arizona Board on November 13, 1989.

## SPECIFICATION

1. Respondent is charged with professional misconduct, within the meaning of N.Y. Educ. Law Section 6530 (9) (d) (McKinney Supp. 1994) in that Respondent has had his license to practice medicine suspended or has had other disciplinary action taken after a disciplinary action was instituted by a duly authorized professional disciplinary agency of another state where the conduct resulting in the suspension or other disciplinary action would, if committed in New York State, constitute professional misconduct under the laws of New York State in that Petitioner alleges the facts in Paragraph A.

DATED: New York, New York
February 14, 1994



CHRIS STERN HYMAN
Counsel
Bureau of Professional Medical Conduct

EXHIBIT I

BEFORE THE BOARD OF MEDICAL EXAMINERS

OF THE STATE OF ARIZONA

| | |
|---|---|
| In the Matter of<br><br>RANJIT S. BISLA, M.D.,<br><br>Holder of License No. 8046<br>For the Practice of Medicine<br>In the State of Arizona. | ORDER DENYING<br>MOTION FOR REHEARING |

The above-entitled matter came on for hearing before the Arizona Board of Medical Examiners on October 19, 1989 at the request of RANJIT S. BISLA, M.D. for rehearing on the terms of the Board's September 9, 1989 Order of Probation. The licentiate was represented by Duane A. Olson, Esq. and the State was represented by Michael J. Cianci, Jr. The Board was advised by Anthony B. Ching, Solicitor General. The Board, having considered the record herein and heard the arguments of counsel; and, being fully advised,

IT IS ORDERED that the licentiate's Motion for Rehearing be and the same is hereby denied, and that the Findings of Fact, Conclusions of Law and Order of Probation entered September 9, 1989 is hereby affirmed.

DATED this 13 day of November, 1989.

BOARD OF MEDICAL EXAMINERS
OF THE STATE OF ARIZONA

[S E A L]

By ____________________
DOUGLAS N. CERF
Executive Director

BEFORE THE BOARD OF MEDICAL EXAMINERS

OF THE STATE OF ARIZONA

| In the Matter of<br><br>RANJIT S. BISLA, M.D.<br><br>Holder of License No. 8046<br>For the Practice of Medicine<br>In the State of Arizona. | **FINDINGS OF FACT,<br>CONCLUSIONS OF LAW,<br>AND<br>ORDER OF PROBATION** |
|---|---|

This matter came on for hearing before the Board of Medical Examiners for the State of Arizona ("Board") on September 9, 1989. Doctor RANJIT S. BISLA ("Respondent") appeared in person and was represented by counsel.

Having been furnished with and having reviewed the testimony of witnesses and the exhibits offered by the parties admitted into evidence at the formal hearing in this matter, and the records in this case, including the report of the Hearing Officer, and after hearing argument of the parties, the Board makes the following Findings of Fact, Conclusions of Law and Order.

## FINDINGS OF FACT

I

Respondent is the holder of License No. 8046 for the practice of medicine in the State of Arizona.

II

Respondent is Board-certified in orthopedics and he maintains a practice in the City of Phoenix. Respondent practices in several areas of orthopedics and devotes

approximately 30-40% of his time in connection with back and spinal cases. Respondent sees approximately 400-500 patients each year for spinal and back problems and, of those patients, he performs surgery on approximately 10% for conditions related to the spine.

III

In 1983, one M.S., a 38-year old female deaf mute, became a patient of Respondent's because of the patient's complaint of pain in her back. Respondent examined the patient and formed the impression that she was experiencing a problem with a ruptured lumbar disc at level L4-5 based on his examination which "[R]eveals patient has a severe tenderness in the lumbosacral area and also the sciatic nerve on the left side. Straight leg raising test positive on the left at 20 degrees and on the right at 45 degrees. . . The patient has paresthesias in the distribution of L5 on the left side." The patient was admitted to St. Luke's Hospital on April 16 for conservative care. While hospitalized, a CT scan and a myelogram were performed. The CT scan, which was performed on April 22, 1983, showed "Probable mild midline bulge at L5-S1 disc level without distinct evidence of herniation. Essentially unremarkable L4-5 and L3-4 disc levels were noted." The myelogram which was performed on that same date showed "normal lumbar Amipaque myelogram. Asymmetry of the sleeves in the upper sacral area, which is assumed to be developmental rather than due to pathology." On April 29, 1983, Respondent performed a discogram of the patient's lumbar

area. During the procedure, there was an extravasation of contrast posteriorly and laterally to the left from the disc space between L4-5 "suggesting disruption of the anulus, but no definite evidence of herniation of the nucleus or degeneration" and no gross abnormality was seen at the disc between L5-S1. Following administration of the discogram, Respondent injected Chymopapain into the disc at L4-5 level.

IV

Chymopapain is a drug developed for the purpose of dissolving disc tissue through injection into a ruptured disc space which drug is used as an alternative to surgery. The procedure, known as chemonucleolysis, is performed under general anesthesia and seeks to chemically destroy ruptured or herniated disc material which impinges on certain nerve roots in the spine. The procedure has only been approved for lumbar injections and its use has been reduced in recent years, however, in 1983, its use was widespread among orthopedic surgeons.

V

The patient, M.S., continued to experience pain in the lumbar region of her back and her leg which Respondent believed was due to a lumbosacral strain. On June 17, 1983, the patient was admitted to St. Luke's Hospital for conservative care. She was discharged from the hospital on July 3, 1983.

VI

After that time, M.S. continued to experience pain in her back and, in August, 1983, Respondent ordered additional diagnostic tests of her back. On August 26, 1983, the patient received a lumbar myelogram and a lumbar CT scan. The myelogram reported a "ventral defect at the L4-5 level with slight impression on the left L5 root sleeve, consistent with residual or recurrent herniated fragment." The CT scan reported a "posterolateral protrusion to the left at the L4-5 level, consistent with herniation of the L4-5 disc and encroachment on the left L5 neural foramen. Minor ventral bulge at the L5-S1 level, unchanged from previous examination."

VII

On September 3, 1983, Respondent performed a discectomy on M.S. at level L4-5 with foraminotomy and a foraminotomy at level L5-S1 due the "patient's persistent pain in the calf area."

VIII

In early 1985, one T.L., a 61-year old male, became a patient of Respondent's due to pain in his back and legs. The patient had had six back surgeries performed by other physicians prior to becoming a patient of Respondent. The patient was admitted to Humana Hospital for treatment and was administered a CT scan which showed an "abnormal L3-4 disc with right posterolateral focal bulge or herniation with continuity with the adjacent L3 rootlet." On March 22, 1985,

Respondent performed a chemonucleolysis by injecting Chymopapain into the disc space at L3-4.

IX

The patient continued experiencing pain in his back and legs following the Chymopapain injection and, in July, 1985, the patient was admitted to the hospital for further treatment where a myelogram and CT scan were administered. The CT scan revealed "[P]osterior degenerative spurring is noted, especially on the left where the spur projects into the intervertebral foramen. There is evidence of epidural fibrosis at the L4-5 level as well, especially on the left. No definite herniation is seen. The L3-4 disc is abnormal with again a right posterolateral focal bulge or herniation associated with spurring."

X

On July 25, 1985, Respondent performed a laminotomy and foraminotomy at L3-4 and L4-5 on the left side and at the L3-4 level on the right side along with spinal fusion from L3 to L4 with Luque rods.

XI

The patient returned to Respondent for further care and, in May, 1986, he was again hospitalized as he continue to experience pain. On May 10, 1986, a myelogram showed that "the L4-5 and L5-S1 disc spaces are essentially absent. . . At the L3-4 level there is a mild degree of central ventral bulge which appears increased compared to the previous study of 3-20-85. . . The L2-3 level is unremarkable. There is a

mild ventral bulge at the L1-2 level which was previously present." The CT scan showed "resolution of the previous abnormality on the right at the L3-4 level on the previous CT scan; no recurrent discs at L4-5 or L5-S1; normal L2-3 disc; and extensive post-operative posterior fusions including metal in the posterior elements from L3 thru L5."

XII

On May 23, 1986, Respondent performed a laminotomy with foraminotomy at L2-3, L3-4, L1, L2 and a spinal fusion with Luque rods from L2 to L4 on patient T.L.

XIII

In July 1985, one M.V., a 34-year old female, consulted Respondent due to pain in her back and neck. Respondent admitted her to the hospital for administration of a CT scan and a myelogram, both of which were performed on July 11, 1985. The myelogram examined both the cervical and lumbar areas of the spine and found, as to the lumbar area, a "slight ventral indentation is present at L3-4 on crosstable lateral views and there is questionable slight asymmetry along the left anterolateral aspect of the contrast column compared to the right on oblique spot film views. This may be due to mild disc bulging or possible herniation." As to the cervical area, the myelogram showed a "suggestion of slight nerve root sheath widening on the right at C6-7. This may be due to hypertrophic spurring or possible disc herniation. Clinical correlation is suggested." The CT scan showed, as to the

lumbar area, a "normal CT scan of the lumbar spine". The CT scan showed, as to the cervical area, a "normal CT scan of the cervical spine."

XIV

On July 22, 1985, the patient was administered an MRI scan of the cervical and lumbar spine areas. As to the cervical area, the MRI showed a "mild bulging at the disc space levels of 3,4 and 4,5 and 5,6 and 6,7 in the cervical region. These do not appear to significantly compromise the central region. These do not appear to significantly compromise the central canal. There is a suggestion of protrusion at the 5,6 level. This does not correlate with the myelogram suggesting that the MR change may not lateralize or impinge upon nerve roots to any significant degree." As to the lumbar region, the MRI showed that "[T]here are mild degenerative changes suggested at the 3,4 disc level with slight bulging of the 2,3 and 3,4 discs noted, but no significant impingement on neural elements either centrally or laterally."

XV

Following administration of these tests, the patient continued to be treated by her primary physician and, on September 12, 1985, after being examined by Respondent, the patient was hospitalized for lumbar discogram and chemonucleolysis along with cervical disc excision and fusion. Respondent's examination found tenderness, limited movements and pain in the cervical area, along with a

diminished biceps reflex on the right and sensory deficit in the distribution of C-6. As to the lumbar area, Respondent's examination showed tenderness in the lumbosacral area, limited and painful movements, a positive straight leg raising test and paresthesia in the distribution of L-5.

XVI

On September 13, 1985, Respondent performed a distilled water discogram on the patient and, as he performed a chemonucleolysis at L3-4 by injecting Chymopapain into the disc space.

XVII

On September 19, 1985, the patient was taken to surgery where Respondent performed disc excisions at levels C4-5 and C5-6 with fusion at those levels.

XVIII

Sometime prior to January, 1985, one W.K., a 53-year old female, became Respondent's patient as she was experiencing problems with her back and knee. In January, 1985, Respondent directed the administration of a myelogram and CT scan of the patient's lumbar spine as his examination revealed a tenderness with muscle spasms in the lower back with limited and painful movements, a positive straight leg raising test and paresthesia in the distribution of L-5.

XIX

On January 3, 1985, a myelogram and CT scan were performed. The myelogram noted "a bulbous dilatation of the lower nerve root sleeves, especially the left S1 nerve root

sheath. . . no evidence of focal lesion." The CT scan was normal for the lumbosacral area.

XX

Based upon the results of the CT scan and myelogram, Respondent concluded that the patient had disc lesions at L4-5 and L5-S1 and admitted her to the hospital for chemonucleolysis, which procedure was accomplished on January 18, 1985.

XXI

W.K. continued to see Respondent for her neck pain thereafter and, in July, 1985, she was admitted to the hospital for a myelogram and CT scan of the cervical area of her spine.

XXII

The myelogram and CT scan were performed on July 8, 1985. The myelogram showed "Large anterior defects at C3-4, C4-5, C5-6 and C6-7 levels with large posterior projecting spur, especially from the inferior aspect of C5. Poor filling of the right nerve root sleeve at the C4-5 level. Impingement upon the spinal cord at C3 thru C6 levels." The CT scan showed "Large spur at the C4-5 neural foraminal level on the right narrowing the neural foramen. Fairly large spurs centrally and laterally to the midline on both sides at the C5-6 level. Smaller spur midline at the C6-7 level."

XXIII

On July 9, 1985, Respondent performed a discectomy with fusion at levels C4-5 and C5-6 on patient W.K.

XXIV

In October, 1985, W.K. was examined by Respondent who found "she has a tenderness in the cervical spine and seems to have pathology at C6-7. She is not responding to treatment and is admitted at this time for surgical intervention. Myelogram done on 7-08-85 showed small spur midline at C6-7 level."

XXV

On October 19, 1985, Respondent performed a disc excision with fusion at level C6-7 on patient W.K.

XXVI

In early 1985, one C.L., a 21-year old female, became a patient of Respondent's as she was experiencing neck pain which had persisted for more than two years. Respondent took an x-ray and formed the impression that there was possible discogenic disease at level C7-T1. The patient was admitted to the hospital for a CT scan and myelogram, both of which were performed on March 4, 1985.

XXVII

The myelogram showed a "minor blunting of the right C6-7 axillary root sleeve, otherwise unremarkable cervical myelogram." The CT scan showed "[T]here is no evidence for herniated disc. There is no definite bony encroachment upon the neural foramina. Small spurs are seen at the C4-5 and C5-6 levels of questionable clinical significance."

XXVIII

Respondent recommended that the patient undergo surgery for correction of the symptoms she was experiencing and she thereafter sought a second opinion, which opinion concurred that the patient required a discectomy at the C4-5 level.

XXIX

In July, 1985, C.L. returned to Respondent's office, desiring that surgery be performed on her neck to relieve her symptoms. She was examined by Respondent on July 7, 1985 and Respondent found that the patient was experiencing a tenderness in the lower part of the cervical spine, her range of motion was limited and painful and that she had paresthesia in the distribution of T-1. The patient was admitted to the hospital for surgical intervention at that time.

XXX

On July 8, 1985, Respondent performed discectomies with fusion at levels C5-6 and C6-7 on patient C.L.

XXXI

In June, 1983, Respondent examined one J.H., a 45-year old female, at the request of J.H.'s attending physician as the patient was experiencing back and leg pain. She underwent a complete spinal myelogram, which myelogram showed a questionable defect at the C4-5 level. The patient was treated conservatively thereafter by her physicians. In November, 1984, the patient returned to Respondent's office with complaints of neck pain and another myelogram was performed on November 5, 1984. The myelogram reported that

the myelogram was normal and stated: "[T]here is no evidence of a significant ventral extradural defect in the cervical region. The questionable defect seen at the C4-5 on the prior examination is not apparent on todays (sic) study. The root sleeves appear to fill in a symmetrical fashion." Respondent directed continued conservative treatment for the patient.

XXXII

In July 1985, the patient returned to Respondent's office as she continued to experience pain in her neck. Respondent admitted the patient to the hospital for cervical discectomy with fusion as he concluded that there was a disc lesion based on the myelograms taken in 1983 and 1984 and her continued symptomatology.

XXXIII

On July 12, 1985, Respondent performed a discectomy with fusion at level C4-5 on patient J.H.

XXXIV

Sometime in 1985, one S.A.F., a 46-year old female, became a patient of Respondent's due to pain in the lumbar area of her back. Respondent performed surgery in the lumbar area in July, 1985. In August, 1985, the patient returned to Respondent's office with complaints of pain in the cervical area of her back and Respondent directed the administration of a myelogram and CT scan, which tests were performed on August 8, 1985.

XXXV

The myelogram showed "anterior defects from C3 thru C7 and the largest defects at C4-5, C5-6 and C6-7 levels bilaterally" and concluded that there were "anterior defects C3 thru C7, especially C4-5 and C5-6 levels." The CT scan showed a small spur at the C4-5 level without any other significant spur formation. "[T]here is no evidence of abnormal disc herniation or bulging. The defects identified on the Myelogram are note (sic) accounted for on the CT Scan" and concluded that there was "minimal spur formation at C4-5 effacing the contrast filled thecal sac but not the spinal cord. . . . No other abnormalities of significance are identified. Specifically there are no defects to account for the abnormalities noted on the Myelogram."

XXXVI

On October 31, 1985, Respondent admitted S.A.F. to the hospital for cervical disc excision and fusion after concluding that the patient had disc lesions at C4-5 and C5-6. On November 1, 1985, Respondent performed discectomies at levels C4-5 and C5-6

XXXVII

In July 1985, one S.K.F., a 26-year old female, was referred to Respondent by her family physician due to neck pain which was unresponsive to treatment. Respondent formed the impression, after examination, that the patient had a

possible disc lesion at C5-6 and admitted her to the hospital for a myelogram and CT scan, both of which were performed on July 31, 1985.

XXXVIII

The myelogram did not detect any abnormalities and concluded that the study was a "normal cervical amipaque myelogram." The CT scan showed "[T] only equivocal area is a slight midline bulge at the C5-6 level, causing very minimal encroachment upon the thecal sac, but not upon the spinal cord or nerves" and concluded that the study was "Probably normal CT scan. The only questionable area is a minimal midline bulge at the C5-6 disc, not encroaching on the nerves or spinal cord."

XXXIX

On September 5, 1985, the patient was admitted to the hospital for cervical discectomy with fusion and, on September 6, 1985, Respondent performed a discectomy with fusion at level C5-6 on patient S.K.F.

XL

There is insufficient evidence in the record to show that Respondent failed to dictate or prepare operative reports in a timely manner, that he failed to dictate or prepare admission reports in a timely manner or that he failed to maintain adequate patient records on the eight patients the subject of this hearing.

XLI

There is insufficient evidence in the record of this matter to support Respondent's testimony that he performed a saline acceptance test prior to initiating any discectomy on any of his patients as there are no references to any such procedure in the patient records in evidence.

XLII

There is insufficient evidence in the record of this matter that injection of saline into a disc space, under anesthesia, which saline is accepted by the disc, shows evidence of a diseased disc such that discectomy is warranted, without other supporting diagnostic tests indicating the need for a discectomy.

XLIII

There is insufficient evidence in the record of this matter to support Respondent's testimony that the spine produces an autoimmunological response to an abnormal disc as no scientific or professional evidence to support such testimony was presented at the hearing in this case.

XLIV

Respondent's actions in performing lumbar or cervical disc surgery based on patient complaints of pain, tenderness, paresthesia or headaches, without confirmation of disc abnormality showing nerve involvement or impingement and without adequate determination of pathology due to disc disease, constitutes practices which may be harmful to the health of his patients.

XLV

Respondent's actions in performing lumbar or cervical disc surgery after obtaining myelographic and CT scan studies, which showed no abnormalities of the cervical spine, where such studies were inconclusive, where such studies were contradictory to each other or where such studies showed "questionable", "minimal", "mild" or "minor" suggestions of abnormality, without confirmation of disc disease by means of objective diagnostic testing, the results of which being noted in Respondent's records, constitute practices which may be harmful to the health of his patients.

XLVI

There is no evidence in the record to show that Respondent obtained any fee by fraud or deceit.

CONCLUSIONS OF LAW

I

This matter is within the jurisdiction of the Board of Medical Examiners as Respondent is the holder of a license issued by the Board.

II

Respondent's actions in performing chemonucleolysis on patient M.S., a 38-year old female, in April, 1983, without diagnostic confirmation of the necessity of such procedure in the form of a myelogram or CT scan, when such procedure was performed due to the "severe tenderness" and "paresthesias"

noted by Respondent, constitutes a violation of A.R.S. §32-1401(12)(q) in that such action was or might have been harmful to the health of the patient.

III

Respondent's actions in performing a foraminotomy on patient M.S. in September, 1983, without diagnostic confirmation of such procedure in the form of a myelogram or CT scan, when such procedure was performed due to the "patient's persistent pain in the calf area" constitutes a violation of A.R.S. §32-1401(12)(q) in that such action was or might have been harmful to the health of the patient.

IV

There is insufficient evidence in the record to show that Respondent's actions in performing chemonucleolysis on patient T.L. in March, 1985 at level L3-4 was or might have been a danger to the patient, was negligent or was not medically indicated.

V

There is insufficient evidence in the record to show that Respondent's actions in performing laminotomy and foraminotomy in July, 1985 on patient T.L. was or might have been a danger to the patient, was negligent or was not medically necessary.

VI

Respondent's actions in performing a laminotomy with foraminotomy along with spinal fusion in May, 1986 on patient T.L. without objective indications of spinal instability or

nerve root involvement, constitutes a violation of A.R.S. §32-1401(12)(q) in that such action was or might have been harmful to the health of the patient.

VII

Respondent's actions in administering Chymopapain to patient M.V. in September, 1985, without substantiation in the form of objective diagnostic tests, in that the CT, MRI and myelogram tests do not support a chemonucleolysis procedure, constitutes a violation of A.R.S. §32-1401(12)(q) in that such chemonucleolysis procedure was or might have been harmful to the health of the patient.

VIII

Respondent's actions in performing discectomies with fusion on patient M.V. in September, 1985, without substantiation in the form of objective diagnostic tests, in that the CT, MRI and myelogram tests do not reveal abnormalities to justify such surgery, constitutes a violation of A.R.S. §32-1401(12)(q) in that surgery was or might have been harmful to the health of the patient.

IX

Respondent's actions in performing chemonucleolysis on patient W.K. on January 18, 1985, without any objective diagnostic test showing disc lesions at L4-5 or L5-S1 constitutes a violation of A.R.S. §32-1401(12)(q) in that such procedure was or might have been harmful to the health of the patient.

X

There is insufficient evidence in the record to show that the discectomy with fusion performed by Respondent on patient W.K. in July, 1985 was not medically indicated, was negligent or was or might be harmful to the health of the patient.

XI

There is insufficient evidence in the record to show that the discectomy with fusion performed by Respondent on patient W.K. in October, 1985 was not medically indicated, was negligent or was or might be harmful to the health of the patient.

XII

Respondent's actions in performing discectomies with fusion at levels C5-6 and C6-7 on patient C.L. in July, 1985 without any objective diagnostic test showing conditions to justify such surgery in that the CT scan and myelogram were within the normal range, constitutes a violation of A.R.S. §32-1401(12)(q) in that such surgery was or might have been harmful to the health of the patient.

XIII

Respondent's actions in performing a discectomy with fusion at level C4-5 on patient J.H., based on a 1983 myelogram which showed questionable evidence of disc involvement, which evidence was absent on a 1984 myelogram, constitutes a violation of A.R.S. §32-1401(12)(1) and (q) in

that such surgery was performed in a negligent manner, without support of any objective diagnostic testing and was or might have been harmful to the health of the patient.

XIV

Respondent's actions in performing a discectomy with fusion on patient J.H. in July, 1985, without administering any x-ray or CT scans to confirm a disc lesion or herniation, in the face of other, older conflicting myelograms, one of which reported a questionable defect and one of which was entirely normal, constitutes a violation of A.R.S. §32-1401(12)(l) in that the failure to obtain a current, confirming, corroborative diagnostic test to show any disc lesion or herniation was negligence on Respondent's part.

XV

Respondent's actions in performing discectomies on patient S.A.F. on November 1, 1985 at levels C4-5 and C5-6 based on finding and conclusions of a myelogram and CT scan performed in August, 1985, which tests were contradictory in their findings and conclusion, without further corroboration of disc involvement at either of the two levels through diagnostic tests, constitutes a violation of A.R.S. §32-1401(12)(q) in that such action was or might have been harmful to the health of the patient.

XVI

Respondent's actions in performing a discectomy on patient S.K.F. on September 6, 1985, without any diagnostic tests indicating any abnormality to disc C5-6, except for a

"questionable minimal midline bulge" at such level, constitutes a violation of A.R.S. §32-1401(12)(q) in that the performance of such surgery was or might have been harmful to the health of the patient.

XVII

There is insufficient evidence in the record to show that an autoimmunological response is produced as a result of an abnormal disc in order to justify spinal surgery without confirmatory objective diagnostic testing showing impingement on the spinal cord or nerve roots and showing other neurological impairment as a result of such abnormality.

XVIII

There is insufficient evidence in the record to show that Respondent made proper diagnoses or properly performed cervical disc surgery based on injection of saline, under anesthesia, to patients who he determined needed cervical discectomies as there is insufficient evidence in the record of this matter to show that use of a saline acceptance test is a proper diagnostic tool, without any other confirming diagnostic tests on which to conclude that the patient is suffering from disc disease such as to perform a discectomy on such patient. Performance of surgery by Respondent based on such saline acceptance test, without any confirmatory diagnostic tests, constitutes a violation of A.R.S. §32-1401(12)(q) in that the performance of such surgeries on that basis is or may be harmful to the health of the patients.

IX

Respondent's actions in performing lumbar or cervical disc surgery based on patient complaints of pain, tenderness, paresthesia or headaches, without confirmation of disc abnormality showing nerve involvement or impingement and without adequate determination of pathology due to disc disease, constitutes a violation of A.R.S. §32-1401(12)(q) as such practices are or may be harmful to the health of his patients.

XX

Respondent's actions in performing lumbar or cervical disc surgery after obtaining myelographic and CT scan studies, which studies showed no abnormalities of the cervical spine, where such studies were inconclusive, where such studies were contradictory to each other or where such studies showed "questionable", "minimal", or "minor" suggestions or abnormality, without confirmation of disc disease by means of objective diagnostic testing, the results of which being noted in Respondent's records, constitute a violation of A.R.S. §32-1401(12)(q) in that such practices are or may be harmful to the health of his patients.

XXI

There is no evidence in the record to show that Respondent obtained any fee by means of fraud or deceit.

## ORDER

IT IS HEREBY ORDERED that:

**RANJIT S. BISLA, M.D.** be placed on permanent probation. That, as part of his terms of probation, Doctor BISLA's license to practice medicine shall be restricted in that he shall not perform or assist in any surgery or surgical procedure in any manner whatsoever pertaining to or related to the neck and back.

ENTERED this 9th day of September, 1989.

BOARD OF MEDICAL EXAMINERS
OF THE STATE OF ARIZONA

[S E A L]

By ____________________
DOUGLAS N. CERF
Executive Director