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**FILED**  
**STATE OF CALIFORNIA**  
**MEDICAL BOARD OF CALIFORNIA**  
**SACRAMENTO JULY 13 2011**  
**BY: K. MONTALBANO ANALYST**

6  
7 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
8 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

9 In the Matter of the Accusation Against:  
10  
11 **KHRISTINE ELAINE EROSHEVICH,**  
**M.D.**  
12 **501 South Beverly Drive, 3rd Floor**  
**Beverly Hills, CA 90212**  
13 **Physician's and Surgeon's Certificate No.**  
**C37980**

Case No. 17-2009-197998

14  
15  
16  
17 **A C C U S A T I O N**

18 Respondent.

19 Complainant alleges:

20 **PARTIES**

21 1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity  
22 as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

23 2. On or about May 8, 1978, the Medical Board of California issued Physician's and  
24 Surgeon's Certificate Number C37980 to Kristine Elaine Eroshevich, M.D. (Respondent). The  
25 Physician's and Surgeon's Certificate will expire, unless renewed, on November 30, 2011.

26 **JURISDICTION**

27 3. This Accusation is brought before the Medical Board of California (Board),  
28 Department of Consumer Affairs, under the authority of the following laws. All section  
references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical

1 Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default  
2 has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary  
3 action with the division, may, in accordance with the provisions of this chapter:

4 "(1) Have his or her license revoked upon order of the division.

5 "(2) Have his or her right to practice suspended for a period not to exceed one year upon  
6 order of the division.

7 "(3) Be placed on probation and be required to pay the costs of probation monitoring upon  
8 order of the division.

9 "(4) Be publicly reprimanded by the division.

10 "(5) Have any other action taken in relation to discipline as part of an order of probation, as  
11 the division or an administrative law judge may deem proper.

12 "(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical  
13 review or advisory conferences, professional competency examinations, continuing education  
14 activities, and cost reimbursement associated therewith that are agreed to with the division and  
15 successfully completed by the licensee, or other matters made confidential or privileged by  
16 existing law, is deemed public, and shall be made available to the public by the board pursuant to  
17 Section 803.1."

18 5. Section 2234 of the Code states:

19 "The Division of Medical Quality<sup>1</sup> shall take action against any licensee who is charged  
20 with unprofessional conduct. In addition to other provisions of this article, unprofessional  
21 conduct includes, but is not limited to, the following:

22 "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
23 violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical  
24 Practice Act].

25 "(b) Gross negligence.  
26

27 <sup>1</sup> References to the Division of Medical Quality are deemed to refer to the Medical Board  
28 of California pursuant to Business and Professions Code section 2002.

1           "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or  
2 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
3 the applicable standard of care shall constitute repeated negligent acts.

4           "(1) An initial negligent diagnosis followed by an act or omission medically appropriate for  
5 that negligent diagnosis of the patient shall constitute a single negligent act.

6           "(2) When the standard of care requires a change in the diagnosis, act, or omission that  
7 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
8 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the  
9 applicable standard of care, each departure constitutes a separate and distinct breach of the  
10 standard of care.

11           "(d) Incompetence.

12           "(e) The commission of any act involving dishonesty or corruption which is substantially  
13 related to the qualifications, functions, or duties of a physician and surgeon.

14           "(f) Any action or conduct which would have warranted the denial of a certificate."

15           6. Section 2261 of the Code states:

16           "Knowingly making or signing any certificate or other document directly or indirectly  
17 related to the practice of medicine or podiatry which falsely represents the existence or  
18 nonexistence of a state of facts, constitutes unprofessional conduct."

19           7. Labor Code section 4628 provides as follows:

20           "(a) Except as provided in subdivision (c), no person, other than the physician who  
21 signs the medical-legal report, except a nurse performing those functions routinely  
22 performed by a nurse, such as taking blood pressure, shall examine the injured employee or  
23 participate in the nonclerical preparation of the report, including all of the following:

24                   (1) Taking a complete history.

25                   (2) Reviewing and summarizing prior medical records.

26                   (3) Composing and drafting the conclusions of the report.

27           "(b) The report shall disclose the date when and location where the evaluation was  
28 performed; that the physician or physicians signing the report actually performed the

1 evaluation; whether the evaluation performed and the time spent performing the evaluation  
2 was in compliance with the guidelines established by the administrative director pursuant to  
3 paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 and shall disclose the  
4 name and qualifications of each person who performed any services in connection with the  
5 report, including diagnostic studies, other than its clerical preparation. If the report  
6 discloses that the evaluation performed or the time spent performing the evaluation was not  
7 in compliance with the guidelines established by the administrative director, the report shall  
8 explain, in detail, any variance and the reason or reasons therefor.

9 “(c) If the initial outline of a patient's history or excerpting of prior medical records is  
10 not done by the physician, the physician shall review the excerpts and the entire outline and  
11 shall make additional inquiries and examinations as are necessary and appropriate to  
12 identify and determine the relevant medical issues.

13 “(d) No amount may be charged in excess of the direct charges for the physician's  
14 professional services and the reasonable costs of laboratory examinations, diagnostic  
15 studies, and other medical tests, and reasonable costs of clerical expense necessary to  
16 producing the report. Direct charges for the physician's professional services shall include  
17 reasonable overhead expense.

18 “(e) Failure to comply with the requirements of this section shall make the report  
19 inadmissible as evidence and shall eliminate any liability for payment of any medical-legal  
20 expense incurred in connection with the report.

21 “(f) Knowing failure to comply with the requirements of this section shall subject the  
22 physician to a civil penalty of up to one thousand dollars (\$1,000) for each violation to be  
23 assessed by a workers' compensation judge or the appeals board. All civil penalties  
24 collected under this section shall be deposited in the Workers' Compensation  
25 Administration Revolving Fund.

26 “(g) A physician who is assessed a civil penalty under this section may be terminated,  
27 suspended, or placed on probation as a qualified medical evaluator pursuant to subdivisions  
28 (k) and (l) of Section 139.2.

1           “(h) Knowing failure to comply with the requirements of this section shall subject the  
2 physician to contempt pursuant to the judicial powers vested in the appeals board.

3           “(i) Any person billing for medical-legal evaluations, diagnostic procedures, or  
4 diagnostic services performed by persons other than those employed by the reporting  
5 physician or physicians, or a medical corporation owned by the reporting physician or  
6 physicians shall specify the amount paid or to be paid to those persons for the evaluations,  
7 procedures, or services. This subdivision shall not apply to any procedure or service  
8 defined or valued pursuant to Section 5307.1.

9           “(j) The report shall contain a declaration by the physician signing the report, under  
10 penalty of perjury, stating:

11           ‘I declare under penalty of perjury that the information contained in this report  
12 and its attachments, if any, is true and correct to the best of my knowledge and belief,  
13 except as to information that I have indicated I received from others. As to that  
14 information, I declare under penalty of perjury that the information accurately  
15 describes the information provided to me and, except as noted herein, that I believe it  
16 to be true.’

17 The foregoing declaration shall be dated and signed by the reporting physician and shall  
18 indicate the county wherein it was signed.

19           “(k) The physician shall provide a curriculum vitae upon request by a party and  
20 include a statement concerning the percent of the physician's total practice time that is  
21 annually devoted to medical treatment.”

22 8. Title 8, California Code of Regulations, section 49.8 provides as follows:

23           “A medical evaluation concerning a claim for psychiatric injury (whether specific  
24 or cumulative in nature) shall not be completed by a QME in less than one hour of face to  
25 face time. One hour is considered the minimum allowable face to face time for an  
26 uncomplicated evaluation. The evaluator shall state in the evaluation report the amount of  
27 face to face time actually spent with the injured worker and explain in detail any variance  
28 below the minimum amount of face to face time stated in this regulation.”



1 Claimant T.P.

2 A. On or about September 11, 2006, workers compensation claimant T.P. was  
3 scheduled for a October 12, 2006, psychiatric evaluation with Respondent. The evaluation  
4 was subsequently rescheduled to November 2, 2006.

5 B. On or about November 2, 2006, claimant T.P. presented to Respondent's office  
6 for a psychiatric evaluation. An employee of Respondent, K. Cahoon, met with the  
7 claimant and took a psychiatric history. A colleague of Respondent, John A. Cahman,  
8 Ph.D., met with the claimant and performed a mental status exam. The claimant did not  
9 meet with Respondent face to face at any time.

10 C. On or about November 2, 2006, Respondent signed a Preliminary Report  
11 regarding claimant T.P. in which Respondent stated, "The above named patient was  
12 examined by me." This statement was false since in truth and fact, Respondent did not  
13 examine the patient.

14 D. On or about November 23, 2006, Respondent provided a 38 page report,  
15 entitled "Qualified Medical Evaluation: Psychiatry," regarding claimant T.P. to the State  
16 Compensation Insurance Fund. Respondent declared under penalty of perjury as follows:  
17 "I, Kristine Eroshevich, M.D., Ph.D., personally took the pertinent history of the applicant  
18 and performed the psychiatric examination." This statement was false since in truth and  
19 fact, Respondent did not personally take the history nor personally perform the psychiatric  
20 examination of claimant T.P. Respondent in the same report also declared under penalty of  
21 perjury that "[A]ll tests were administered, scored and interpreted by me (unless otherwise  
22 indicated)." This statement was false since in truth and fact, Respondent did not administer  
23 any of the tests.

24 E. On or about November 23, 2006, Respondent billed the State Compensation  
25 Insurance Fund for an Initial Complex Psychiatric Evaluation. On the billing statement was  
26 written the following: "This report constitutes an ML 103 Complex Med-Legal Evaluation.  
27 Over four hours were spent in interviewing the applicant and preparing this report....This is  
28 a psychiatric evaluation." This billing statement was false since in truth and fact

1 Respondent did not interview the applicant, claimant T.P.

2 F. On or about August 28, 2007, Respondent issued a supplemental report, under  
3 penalty of perjury, in connection with her evaluation of claimant T.P., in which she  
4 admitted that, contrary to her November 23, 2006, statement under penalty of perjury, John  
5 A. Cahman, Ph.D. performed the clinical interview of claimant T.P. and that K. Cahoon  
6 “assisted in obtaining information” from the claimant, which information was reviewed by  
7 John A. Cahman, Ph.D. with claimant T.P.

8 Claimant L.S.

9 G. On or about June 22, 2004, disability claimant L.S. was scheduled for a July 16,  
10 2004, psychiatric evaluation with Respondent.

11 H. On or about July 16 and 23, 2004, claimant L.S. presented to Respondent’s  
12 office for a psychiatric evaluation. A colleague of Respondent, Thompson Kelly, Ph.D.,  
13 met with the claimant and took a psychiatric history and performed a psychiatric  
14 examination. The claimant did not meet with Respondent face to face at any time.

15 I. On or about July 23, 2004, Respondent signed a Preliminary Report regarding  
16 claimant L.S. in which Respondent stated, “The above named patient was examined by  
17 me.” This statement was false since in truth and fact, Respondent did not examine the  
18 patient.

19 J. On or about August 23, 2004, Respondent provided a 44 page report, entitled  
20 “Psychiatric Evaluation,” regarding claimant L.S. to the Los Angeles County Employee  
21 Retirement Association (LACERA). (1) Respondent stated on page 1, paragraph 2 as  
22 follows: “I took the applicant’s history and performed the psychiatric examination.” This  
23 statement was false since in truth and fact, Respondent did not personally take the history  
24 nor personally perform the psychiatric examination of claimant L.S. (2) Respondent in the  
25 same report at page 6, paragraph 2 also stated that “I ask the applicant if she ever reported  
26 her stress and/or emotional problems to her employer....” This statement was false since in  
27 truth and fact, Respondent did not ask the claimant any questions since Respondent was not  
28 present at the examination. (3) In the same report at page 6, paragraph 3, Respondent



1 stated, "When I ask if she had experienced any non-work-related concerns or problems  
2 during the course of her employment...." This statement was false since in truth and fact,  
3 Respondent did not ask the claimant any questions since Respondent was not present at the  
4 examination. (4) In the same report at page 8, paragraph 2, Respondent stated, "When I ask  
5 if she would return to her former job if it were available...." This statement was false since  
6 in truth and fact, Respondent did not ask the claimant any questions since Respondent was  
7 not present at the examination.

8 K. On or about August 23, 2004, Respondent billed LACERA for a Base Exam  
9 using CPT code 99244, which requires a comprehensive history, a comprehensive  
10 examination and medical decision making of moderate complexity. This billing statement  
11 was false since in truth and fact Respondent did not interview (take a history from) the  
12 applicant, claimant L.S., and did not perform an examination of the applicant, claimant L.S.  
13 Respondent also billed LACERA for Add Time using CPT code 99354, which requires a  
14 prolonged physician service in the office with direct (face-to-face) patient contact beyond  
15 the usual service. This billing statement was false since in truth and fact Respondent did  
16 not have face-to-face time with the applicant, claimant L.S., either in an interview or for an  
17 examination.

## 18 SECOND CAUSE FOR DISCIPLINE

### 19 (Creation of a False Record)

20 12. Respondent is subject to disciplinary action under section 2261 of the Code in that  
21 she knowingly made and/or signed documents (i.e., psychiatric reports and related documents)  
22 directly or indirectly related to the practice of medicine which falsely represented the existence or  
23 nonexistence of a state of facts. The circumstances are as follows:

24 A. The facts and circumstances set forth in paragraph 11 above are incorporated  
25 here as if fully set forth.

## 26 THIRD CAUSE FOR DISCIPLINE

### 27 (Dishonest Acts)

28 13. Respondent is subject to disciplinary action under section 2234, subdivision (e), of

1 the Code in that she engaged in dishonest acts by committing perjury within the meaning of Penal  
2 Code section 118, subdivision (a). The circumstances are as follows:

3 A. The facts and circumstances set forth in paragraph 11.A. through 11.D. above  
4 are incorporated here as if fully set forth.

5 FOURTH CAUSE FOR DISCIPLINE

6 (Unprofessional Conduct)

7 14. Respondent is subject to disciplinary action under section 2234 of the Code in that he  
8 engaged in unprofessional conduct. The circumstances are as follows:

9 A. The facts and circumstances set forth in paragraphs 11 through 13 above are  
10 incorporated here as if fully set forth.

11 PRAYER

12 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
13 and that following the hearing, the Medical Board of California issue a decision:

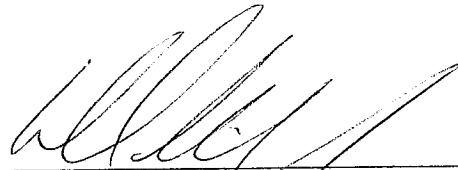
14 1. Revoking or suspending Physician's and Surgeon's Certificate Number C37980,  
15 issued to Kristine Elaine Eroshevich, M.D.

16 2. Revoking, suspending or denying approval of Khristine Eroshevich, M.D.'s authority  
17 to supervise physician's assistants, pursuant to section 3527 of the Code;

18 3. Ordering Khristine Eroshevich, M.D., if placed on probation, to pay the Medical  
19 Board of California the costs of probation monitoring;

20 4. Taking such other and further action as deemed necessary and proper.

21  
22 DATED: July 13, 2011

  
23 LINDA K. WHITNEY  
24 Executive Director  
25 Medical Board of California  
26 Department of Consumer Affairs  
27 State of California  
28 *Complainant*

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