ROB BONTA
Attorney General of California
SHAWN P. COOK
Supervising Deputy Attorney General
SHERONDA L. EDWARDS
Deputy Attorney General
State Bar No. 225404
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6296
Facsimile: (916) 731-2126
E-mail: Sheronda.Edwards@doj.ca.gov
Attorneys for Complainant

BEFORE THE
BOARD OF CHIROPRACTIC EXAMINERS
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against**:** **ALIREZA MIRSHOJAE** **21731 Ventura Blvd., #215** **Woodland Hills, CA 91364** **Chiropractor License No. DC 22086** Respondent.	Case No. AC 2025-2056 **ACCUSATION**

PARTIES

1. Kristin Walker (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Chiropractic Examiners (Board), Department of Consumer Affairs.

2. On or about July 27, 1992, the Board issued Chiropractor License Number DC 22086 to Alireza Mirshojae (Respondent). The Chiropractor License was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2026, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board under the authority of the following sections of the Chiropractic Act (Act).[1]

4. Section 118, subdivision (b), of the Code provides that the suspension/expiration/surrender/cancellation of a license shall not deprive the Board/Registrar/Director of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

STATUTORY PROVISIONS

5. Section 810 of the Code states:

> (a) It shall constitute unprofessional conduct and grounds for disciplinary action, including suspension or revocation of a license or certificate, for a health care professional to do any of the following in connection with their professional activities:
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> (1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance.
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> (2) Knowingly prepare, make, or subscribe any writing, with intent to present or use the same, or to allow it to be presented or used in support of any false or fraudulent claim.
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> (b) It shall constitute cause for revocation or suspension of a license or certificate for a health care professional to engage in any conduct prohibited under Section 1871.4 of the Insurance Code or Section 549 or 550 of the Penal Code.

REGULATORY PROVISIONS

6. California Code of Regulations, title 16, section 303, states:

(a) Each person holding a license to practice chiropractic in the State of California under any and all laws administered by the Board shall file the following information with the Board at its office in Sacramento:

(1) Address of Record. Each licensee shall provide a mailing address to the Board which will be designated as their address of record and utilized for all official and formal communications from the Board, disclosed to the public, posted on the Board's online license

[1] The Chiropractic Act, an initiative measure approved by the electors on November 7, 1922, while not included in the Business and Professions Code by the legislature, is set out in West's Annotated California Codes as sections 1000-1 to 1000-19 and is included in Deering's California Codes as Appendix I, for convenient reference.

information system and included in the Board's directory pursuant to Business and Professions Code section 1001. If the address of record provided by the licensee is a post office box or other private mailbox service, the licensee shall also provide an alternate physical address solely for the Board's internal administrative use and not for disclosure to the public.

(2) Telephone Number. Each licensee shall provide their business telephone number, if any, for inclusion in the Board's directory pursuant to Business and Professions Code section 1001. If the licensee does not have a business telephone number, the licensee may provide an alternate personal telephone number solely for the Board's internal administrative use and not for disclosure to the public. If the licensee does not have a telephone number, the licensee shall disclose that fact to the Board in writing.

(3) Email Address. Each licensee shall provide their business email address, if any, for inclusion in the Board's directory pursuant to Business and Professions Code section 1001. If the licensee does not have a business email address, the licensee may provide an alternate personal email address solely for the Board's internal administrative use and not for disclosure to the public. If the licensee does not have an email address, the licensee shall disclose that fact to the Board in writing.

(b) Each licensee shall immediately notify the Board at its office of any and all changes to their address of record, alternate physical address, telephone number, or email address, by providing both their old and new address, telephone number, or email address and the effective date of the change(s) within fifteen (15) calendar days of any change in writing.

(c) For purposes of this section, “internal administrative use” means the use of a licensee's non-public address or contact information by the Board to contact or locate a licensee regarding a licensing matter or investigation.

(d) Failure to comply with the requirements of this section constitutes unprofessional conduct and shall subject the licensee to disciplinary action.

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7. California Code of Regulations, title 16, section 308, states, in pertinent part:

(b) Any licensed Doctor of Chiropractic with more than one place of practice shall obtain from the Board a Satellite Office Certificate for each additional place of practice. Said certificate must be renewed annually.

(c) A licensed Doctor of Chiropractic must display in a conspicuous place a current active Satellite Office Certificate at the office for which it was issued.

No licensed Doctor of Chiropractic shall display any chiropractic license, certificate or registration, which is not currently active and valid.

8. California Code of Regulations, title 16, section 311, states:

Constructive educational publicity is encouraged, but the use by any licensee of advertising which contains misstatements, falsehoods, misrepresentations, distorted, sensational or fabulous statements, or which is intended or has a tendency to deceive the public or impose upon credulous or ignorant persons, constitutes grounds for the imposition of any of the following disciplinary penalties:

(a) Suspension of said licensee's right to practice in this State for a period not exceeding one (1) year.

(b) Placing said licensee upon probation.

(c) Taking such other action, excepting the revocation of said licensee's license, in relation to disciplining said licensee as the board in its discretion may deem proper.

9. California Code of Regulations, title 16, section 317, states:

> The board shall take action against any holder of a license who is guilty of unprofessional conduct which has been brought to its attention, or whose license has been procured by fraud or misrepresentation or issued by mistake.
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> Unprofessional conduct includes, but is not limited to, the following:
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> (a) Gross negligence;
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> (b) Repeated negligent acts;
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> (c) Incompetence;
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> (d) The administration of treatment or the use of diagnostic procedures which are clearly excessive as determined by the customary practice and standards of the local community of licensees;

(e) Any conduct which has endangered or is likely to endanger the health, welfare, or safety of the public;

. . .

(k) The commission of any act involving moral turpitude, dishonesty, or corruption, whether the act is committed in the course of the individual's activities as a license holder, or otherwise;

(l) Knowingly making or signing any certificate or other document relating to the practice of chiropractic which falsely represents the existence or nonexistence of a state of facts;

(m) Violating or attempting to violate, directly or indirectly, or assisting in or abetting in the violation of, or conspiring to violate any provision or term of the Act or the regulations adopted by the board thereunder;

. . .

(q) The participation in any act of fraud or misrepresentation;

10. California Code of Regulations, title 16, section 318, subdivision (b), states, in pertinent part:

Accountable Billings. Each licensed chiropractor is required to ensure accurate billing of his or her chiropractic services, whether or not such chiropractor is an employee of any business entity, whether corporate or individual, and whether or not billing for such services is accomplished by an individual or business entity other than the licensee. In the event an error occurs which results in an overbilling, the licensee must promptly make reimbursement of the overbilling whether or not the licensee is in any way compensated for such reimbursement by his employer, agent or any other individual or business entity responsible for such error. Failure by the licensee, within 30 days after discovery or notification of an error which resulted in an overbilling, to make full reimbursement constitutes unprofessional conduct.

11. California Code of Regulations, title 16, section 318.1, states, in pertinent part:

(a) Manipulation Under Anesthesia (MUA) may only be performed in either:

. . .

(2) An ambulatory surgery center that is licensed by the California Department of Public Health Licensing and Certification Program and that is either:

. . .

(B) Accredited by an agency approved by the Medical Board of California pursuant to Chapter 1.3 of Division 2 of the Health and Safety Code (commencing with section 1248).

. . .

(f) MUA shall be performed by two licensed and competent chiropractors. The "primary chiropractor" shall formulate the chiropractic portion of the MUA treatment plan and shall be responsible for performing the chiropractic manipulation for that procedure. The "second chiropractor" shall insure that all movements are accomplished with patient care and safety as his or her primary focus and shall assist

the "primary chiropractor" when necessary. The chiropractic portion of MUA is limited to techniques within the scope of practice of a chiropractor.

COST RECOVERY

12. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

DEFINITIONS

13. "MAC" stands for monitored anesthesia care, a sedation method administered by an anesthesiologist or certified nurse anesthetist to help patients feel comfortable during medical procedures while maintaining the ability to breathe independently. Patients may be lightly, moderately, or deeply sedated, depending on the procedures and their health, and often have little or no memory of the procedure afterward. Unlike general anesthesia, MAC does not require a breathing tube, making it safer for outpatient or minor procedures.

14. "Manipulation Under Anesthesia" or "MUA" means the manipulation by a licensed chiropractor of a patient who is sedated by the administration of anesthesia by a physician and surgeon or other health care provider who is legally authorized to administer anesthesia.

FACTUAL ALLEGATIONS

15. On November 8, 2023, the Board received a complaint from Mercury Insurance alleging that Respondent committed insurance fraud relating to Patient 1. On June 28, 2019, Patient 1 was in an auto accident with another vehicle. On or about July 16, 2019, Patient 1 retained an attorney and subsequently sought treatment from Respondent. Respondent allegedly billed for seven days of fraudulent chiropractic services on June 28, 2019, July 1, 3, 5, 10, 11, and 15, 2019. The complaint further alleged fraudulent billing, pushing Patient 1 into manipulation under anesthesia without first attempting chiropractic manipulation, misleading advertising, and

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providing services at 5658 Sepulveda Blvd., 210, Sherman Oaks, CA, an unregistered treatment location. Mercury Insurance submitted billing and Patient 1's patient records to the Board.

16. On April 24, 2024, the Board sent the complaint to the Investigative Unit and assigned it to Investigator D. R.

Respondent's Statements to Board Investigator

17. On August 15, 2024, during a Board-Facetime recorded interview, Respondent told Investigator D.R. that the name of his office was Mid-Valley Health Care Center, Inc., dba Mirshojae Chiropractic Inc., and that he owned it 100%. He was the only chiropractor practicing at Mid-Valley Health Care Center, Inc. He said his office is located at 21731 Ventura Blvd., 215, Woodland Hills, California. He admitted to sometimes evaluating patients at a clinic in Santa Ana and his brother's urgent care in Woodland Hills. Investigator D.R. informed Respondent that he was required to have a Board primary or satellite license at all locations where he provides chiropractic services. Respondent confirmed that before moving to his current Woodland Hills location, he had an office in Sherman Oaks, where he last worked in 2018-19.

18. A review of Respondent's letterhead listed two locations for Mid-Valley Healthcare Center at 5658 Sepulveda Blvd., #210, Sherman Oaks, CA 91411 [sometimes shown in the city of Van Nuys instead of Sherman Oaks], where Patient 1 was treated, and Urgent Care, 5995 Topanga Canyon Blvd., Woodland Hills, California 91367. A Department of Consumer Affairs System records search revealed that Respondent did not have a primary or satellite Board license for the address of 5658 Sepulveda Blvd., #210, Sherman Oaks, California.

19. At his interview, Respondent said Patient 1 had an auto accident on June 28, 2019, and came to his office the same day. He did not know who referred Patient 1 to his office, but Patient 1 was seen on a lien basis. Respondent referred to an untitled document in Patient 1's file, which was blank in the attorney's signature section. Respondent stated that this indicated the attorney did not accompany the patient to Respondent's office and that the lien document was sent to the attorney. Thus, the signed document was missing from the file, which Investigator D.R. requested be submitted later. Subsequently, Respondent submitted a signed lien bearing the patient's signature on June 28, 2019 and his attorney's signature on July 30, 2019.

20. Respondent told Investigator D.R. that his SOAP notes are recorded on a single sheet for each month and year. He completes and handwrites the documents, but he does not sign these documents. Also, Respondent admitted he does not sign any of his patient charts for treatment.

21. Patient 1 had six visits in 2019 during which Respondent performed an activator adjustment and then switched to diversified. The patient had so much pain that he stopped adjustments, Respondent said. Respondent told the investigator that Patient 1 received pain medication from a medical doctor and did not continue treatment.

22. Respondent also told Investigator D.R. that Patient 1 went through a series of procedures by other doctors and chiropractors. Then Patient 1 returned to Respondent on May 6, 2020, at which time Respondent evaluated Patient 1 and recommended three MUAs. Respondent told the investigator that after 12-14 visits of regular chiropractic care and physical therapy, it is standard to recommend a series of three MUAs.

23. In addition, Respondent said he created a billing document to make it simple for an attorney to read the bills. He stated that he does not use a billing system and that he personally generates billing documents in Excel. MUA charges vary based on the segments manipulated. He charges $185 per segment and manipulates 3-9 segments each date he performed a MUA on Patient 1. Respondent claimed that Patient 1's pain was reduced after the MUAs.

24. Respondent's website and letterhead falsely described Respondent as a Qualified Medical Examiner (QME)—and the smock he wore during the FaceTime interview described him as a MUA and QME; however, Respondent admitted that his QME certification had expired about five years earlier, when he performed his last QME examination. After the interview, Respondent submitted confirmation of his expired certification on April 15, 2015.

Expert's Review of Deposition Transcript and Medical Records

25. During Patient 1's deposition on August 20, 2021, Patient 1 testified that he was driving in the far-right hand lane, next to the curb on a city street, traveling ten to fifteen mph in a Toyota truck, when another truck turned left in front of him. These sequence of events caused Patient 1 to hit the back right side of the truck with the front bumper area of his truck. Airbags did not deploy, and police and paramedics were not called to the scene. At the scene, Patient 1 only

complained of "low back pain" and was picked up by his wife. Patient 1 further testified twice that he did not go to the Respondent's office until "one month" after the motor vehicle accident on June 28, 2019. In contrast, Respondent's chiropractic bills and initial narrative report show Patient 1 being seen by Respondent on the same day as the motor vehicle accident. The initial narrative report also inconsistently provides that the "patient was discharged against medical advice . . .[;] the patient has discontinued treatment against medical advice." Also, a second initial narrative report of June 28, 2019 with a handwritten strikethrough changing the discharge date to "07/17/2019," stating "Patient was discharged against medical advice." Similarly, a third document, a re-exam sheet dated July 17, 2019, states that Patient 1 was "discharged against medical advice." These records show two separate discharge dates of June 28, 2019, and July 17, 2019.

26. At his deposition, Patient 1 further testified that his neck pain did not start until two to three days after the accident. However, the initial narrative report dated June 28, 2019, stated that Patient 1 complained of neck pain on that day. Deponent testified that he felt a headache the "day after the accident" and denied taking any medications such as Advil before seeking any care.

Manipulations Under Anesthesia

27. Respondent's July 2, 2020, operative report states that Patient 1 has chronic neck, upper back, and low back pain. However, Patient 1 did not have chronic pain according to his testimony, and thus the report is false in that respect.

28. Respondent's diagnosis of Patient 1 of a "bilateral shoulder sprain, shoulder enthesopathy and contusion" cannot be supported by the exam findings, as orthopedic stress tests to the shoulders and shoulder x-rays/MRIs were not performed. Additionally, the diagnosis of "cervical & lumbar enthesopathy" was not supported, as the cervical x-rays and the lumbar x-rays were essentially normal. Respondent's misdiagnoses were repeated departures from the standard of practice.

29. The operative report of July 2, 2020, provides "although there has been significant improvement through the course of chiropractic care and physiotherapy, the patient still suffers with segmental dysfunction associated with pain and radiculopathy." This statement is false as

Patient 1 stated in his deposition that he never received any chiropractic manipulation prior to the MUA's being performed. Manufacturing this false statement of improvement, without any chiropractic manipulation being attempted first, is knowingly making or signing any certificate or other document relating to the practice of chiropractic that falsely represents the existence or non-existence of a statement of facts.

30. Patient 1 denied ever receiving chiropractic manipulation before MUAs were performed, yet the operative notes state that the patient's condition was improving. This meant that the statement showing "significant improvement through the course of Chiropractic care and physiotherapy" was erroneous, as manipulation was never performed or billed before MUAs were performed. This indicates that the basis for performing MUA with the alleged "improvement" is inconsistent with the indications for MUA and amounts to incompetence.

31. Operative reports indicate that Respondent and a podiatrist performed MUAs on Patient 1 on July 2, 9, and 23, 2020, in violation of the regulatory requirement that MUAs be performed by two licensed, competent chiropractors. Since a second chiropractor did not perform the MUAs, Respondent violated the relevant regulation. In aggravation, the podiatrist, who was the owner of Cutting Edge Surgical Institute (CESI), an ambulatory surgery center where the MUAs were performed, failed to provide Patient 1 with a self-referral notification before the MUAs.

32. For all three MUAs performed on July 2, 9, and 23, 2020, Respondent used an ambulatory surgery center, CESI, a non-accredited facility by the State of California and/or the California Medical Board. Respondent has a duty to the patient's health and welfare to ensure the ambulatory surgery center is accredited. Respondent should have done his due diligence for safety reasons, ensuring that his patients were treated at an accredited facility before putting them under MAC anesthesia.

Unbundling of Bills

33. The bills for manipulation under anesthesia were for service dates July 2, 9, and 23, 2020, and were billed to CPT code 22505. This bill reflects charges of $185.00 per vertebral segment manipulated, so, for example, on July 2, 2020, five cervical segments were manipulated

at a total cost of $925.00; nine thoracic segments were manipulated at a total cost of $1,665.00; and five lumbar vertebral segments were manipulated at a total cost of $925.00. This one visit on July 2, 2020, had a total cost of $3,515.00. This same billing pattern occurred on the next two MUA visits on July 9 and July 23, 2020. CPT code 22505 is a one-time billing code that covers all spinal segments and cannot be billed for multiple vertebral segments. Such a billing practice is characterized as unbundling, an extreme departure from the standard of practice.

34. Further, CPT code 22505 is designated for spinal manipulation by osteopaths or orthopedists whenever general anesthesia is used. Here, a MAC type of anesthesia was used for Patient 1, so 22505 was the wrong code. Instead, CPT code 97140 is designated for manipulation of the spine not requiring general anesthesia. The average Medicare payment for CPT code 97140 in 2020 in Los Angeles County was $ 31.63, or $41.12 if paid by group health insurance, per visit, a significant difference from Respondent's fee of $ 3,515.00 for one visit.

35. CESI charged $55,024.50 for MUAs on July 2, 9, 23, 2020, which was excessive. The bills itemized multiple services for each visit, including separate charges for towel packs, syringes, gowns, an apnea monitor, and electrodes. In contrast, ambulatory surgery centers are paid a flat, one-time rate for all services rendered. Comparatively, Medicare would have paid $748.58 per visit, and group health insurance would have paid $975.13.

Billing Discrepancies and Unnecessary Tests

36. One of the Respondent's summary bills shows chiropractic charges of $6,940.00 for in-office, chiropractic, and physical therapy treatments from June 28, 2019 through May 6, 2020. However, another summary bill (Mid-Valley Healthcare Center) reflects charges of $1,040.00 for six dates of service from June 28, 2019, through July 11, 2019. At his deposition, Patient 1 testified that his last treatment by his treating doctors for the auto accident was his last MUA, which occurred on July 23, 2020. The summary bills are inaccurate.

37. Respondent twice billed $250.00 on July 3, 2019, and May 6, 2020 for "posture analysis" using CPT code 97112." However, this code is designated for "therapeutic procedure one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and /or standing

activities." CPT code 97112 is a procedure that requires active patient participation and cannot be billed for a static "posture analysis" using a spinealyzer-type device. Also, the initial exam sheet for June 28, 2019, Respondent already performed a postural visual analysis as part of the exam.

38. A review of a "Brain Concussion Analysis Report" of May 6, 2020, shows that the Respondent used a simple "pupillary light reflex analysis (PLR) and filling out questionnaires." For billing, Respondent used CPT code 96116, which implies "neurobehavioral exams consisting of thinking, reasoning, judgment, acquired knowledge, attention, language, memory planning, problem solving, and visual spatial abilities" and is typically performed by neurologists or psychologists, not chiropractors. Chiropractors are not taught or trained to diagnose concussions, as it requires extensive testing normally performed by a neurologist or psychologist. Attempting to diagnose a concussion as a chiropractor using a light reflex is an extreme departure from the standard practice of chiropractic. Further, this test was unnecessary.

39. On June 28, 2019, the medical record shows Respondent performed a "bone density" test on Respondent under CPT code 76076 for $250.00. However, this code was obsolete. The proper code was 77081. Still, there was no medical necessity to perform a bone density test on a physically active 25-year-old male on the same day as the auto accident.

40. Similarly, on July 3, 2019, Respondent billed for a "muscle strength analysis" using CPT code 95832 for $250.00, but only a grip strength analysis was performed, demonstrating excellent bilateral grip strength. Again, the Respondent used an obsolete billing code, and the applicable codes are designated for use by other medical providers, not chiropractors. The bill was unbundled from the initial exam, another repeated departure from the standard of practice.

SOAP Notes

41. Respondent's SOAP notes for service dates June 28, July 1, and July 3, 2019, and July 2, July 9, and July 23, 2020, were void of any subjective complaints or assessments for each visit or physical therapy. The absence of standardized SOAP notes being documented was another repeated departure from the standard of practice and has endangered, or is likely to endanger, the health, welfare, or safety of the public.

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42. Since physical therapy was not documented in the SOAP note for July 2019, the $1,040.00 charge for electrical muscle stimulation, infrared, diathermy, and exercise was for services not rendered. Also, the bill for July 10 and 11, 2019, totaling $310.00, was not documented in the SOAP note. These omissions were repeated departures from standard practice.

43. According to the Respondent's recorded interview with the Board investigator, as referenced earlier, the Respondent said he performed "activator adjustments, then switched to diversified, and Patient 1 had so much pain that he stopped adjustments." Respondent's statement is unsupported by the Respondent's bills and SOAP note. They do not show any chiropractic manipulation was billed under CPT codes 98940-98941 or performed. Stating that he performed manipulations during his Board interview is an act of dishonesty and misrepresentation.

FIRST CAUSE FOR DISCIPLINE

(Principal Office/Sub-Office)

44. Respondent is subject to disciplinary action under Title 16, California Code of Regulations, section 303, in that Respondent failed to have a primary or satellite office certificate for Mid-Valley Healthcare Center located at 5658 Sepulveda Blvd., #210, Sherman Oaks, CA 91411 or 5658 Sepulveda Blvd., #210, Van Nuys, CA 91411. Complainant incorporates paragraphs 15 through 19, by reference as if fully set forth herein.

SECOND CAUSE FOR DISCIPLINE

(Satellite Office Certificate)

45. Respondent is subject to disciplinary action under Title 16, California Code of Regulations, section 308, subdivisions (b) and (c), in that Respondent failed to have a satellite office certificate at an Urgent Care office open seven days a week located at 5995 Topanga Canyon Blvd., CA 91367. Complainant incorporates paragraphs 15 through 19, by reference as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Misrepresentations)

46. Respondent is subject to disciplinary action under Title 16, California Code of Regulations, section 311, in that Respondent falsely represented himself as a QME on August 15,

2024, during his Board interview, by wearing a smock bearing his name and the title "QME." Respondent's QME certification expired on April 15, 2016. Complainant incorporates paragraph 24, by reference as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Gross Negligence)

47. Respondent is subject to disciplinary action under Title 16, California Code of Regulations, section 317, subdivision (a) in that Respondent was grossly negligent as a chiropractor attempting to diagnose a brain concussion using a "pupillary light reflex analysis (PLR) and filling out questionnaires." Also, Respondent billed for physical therapy services not rendered. Respondent failed to perform any due diligence to ensure Patient 1 was treated at an accredited surgery center before putting Patient 1 under MAC anesthesia at Cutting Edge Surgical Institute. Further, for billing purposes, Respondent inappropriately unbundled multiple vertical, cervical and thoracic segments manipulated instead of billing once per session. Complainant incorporates paragraphs 31 through 43, by reference as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

48. Respondent is subject to disciplinary action under Title 16, California Code of Regulations, section 317, subdivision (b), in that Respondent committed repeated acts of negligence. Complainant incorporates paragraphs 27 through 40, by reference as if fully set forth herein.

SIXTH CAUSE FOR DISCIPLINE

(Incompetence)

49. Respondent is subject to disciplinary action under Title 16, California Code of Regulations, section 317, subdivision (c), in that Respondent demonstrated incompetence. Complainant incorporates paragraph 29 through 30, by reference as if fully set forth herein.

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SEVENTH CAUSE FOR DISCIPLINE

(Excessive Treatment)

50. Respondent is subject to disciplinary action under Title 16, California Code of Regulations, section 317, subdivision (d), in that Respondent performed MUAs on Patient 1 and Cutting Edge Surgical Institute charged the patient $55,024.50 by itemizing multiple services on each visit on July 2, 9, and 23, 2020. Also, the bone density test performed on Patient 1 was unnecessary. Complainant incorporates paragraphs 35 through 40, by reference as if fully set forth herein.

EIGHTH CAUSE FOR DISCIPLINE

(Endangering the Public)

51. Respondent is subject to disciplinary action under Title 16, California Code of Regulations, section 317, subdivision (e), in that Respondent's conduct endangered Patient 1. Complainant incorporates paragraphs 31 through 32, 41, by reference as if fully set forth herein.

NINTH CAUSE FOR DISCIPLINE

(Moral Turpitude/Dishonesty)

52. Respondent is subject to disciplinary action under Title 16, California Code of Regulations, section 317, subdivision (k), in that Respondent committed acts involving moral turpitude and or dishonesty. Complainant incorporates paragraphs 29, 33 through 35, by reference as if fully set forth herein.

TENTH CAUSE FOR DISCIPLINE

(Misrepresentation in Document)

53. Respondent is subject to disciplinary action under Title 16, California Code of Regulations, section 317, subdivision (l), in that Respondent knowingly prepared a document which falsely represents the existence of or nonexistence of facts. Complainant incorporates paragraphs 33 through 34, 37, by reference as if fully set forth herein.

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ELEVENTH CAUSE FOR DISCIPLINE

(Violating Any Provision of the Act or Regulations)

54. Respondent is subject to disciplinary action under Title 16, California Code of Regulations, section 317, subdivision (m), in that Respondent violated a provision of the Act or Regulation adopted by the Board. Complainant incorporates paragraphs 33 through 35, by reference as if fully set forth herein.

TWELFTH CAUSE FOR DISCIPLINE

(Fraud/Misrepresentation Participation)

55. Respondent is subject to disciplinary action under Title 16, California Code of Regulations, section 317, subdivision (q), in that Respondent participated in fraud and or misrepresentation. Complainant incorporates paragraphs 29, 33 through 35, by reference as if fully set forth herein.

THIRTEENTH CAUSE FOR DISCIPLINE

(Failed to Maintain Accountable Billings)

56. Respondent is subject to disciplinary action under Title 16, California Code of Regulations, section 318, subdivision (b), in that Respondent failed to maintain accountable billings. Complainant incorporates paragraphs 15 through 43, by reference as if fully set forth herein.

FOURTEENTH CAUSE FOR DISCIPLINE

(MUA to be Performed at an Accredited Ambulatory Surgery Center)

57. Respondent is subject to disciplinary action under Title 16, California Code of Regulations, section 318.1, subdivision (a)(2), in that Respondent failed to exercise due diligence to ensure Cutting Edge Surgical Institute was accredited. Complainant incorporates paragraph 32, by reference as if fully set forth herein.

FIFTEENTH CAUSE FOR DISCIPLINE

(MUA to be Performed by Two Licensed and Competent Chiropractors)

58. Respondent is subject to disciplinary action under Title 16, California Code of Regulations, section 318.1, subdivision (2)(B)(f), in that Respondent performed MUAs on Patient

1 with a podiatrist instead of a second chiropractor on July 2, 9, and 23, 2020. Complainant incorporates paragraphs 31 through 32, by reference as if fully set forth herein.

SIXTEENTH CAUSE FOR DISCIPLINE

(Billing Fraud)

59. Respondent is subject to disciplinary action under Business and Professions Code section 810, in that Respondent committed billing fraud against Mercury Insurance. Complainant incorporates paragraphs 15 through 43, by reference as if fully set forth herein.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Chiropractic Examiners issue a decision:

1. Revoking or suspending Chiropractor License Number DC 22086, issued to Alireza Mirshojae;

2. Ordering Alireza Mirshojae to pay the Board of Chiropractic Examiners the reasonable costs of the investigation and enforcement of this case, pursuant to Title 16, California Code of Regulations, section 317.5, and if placed on probation, the costs of probation monitoring; and,

3. Taking such other and further action as deemed necessary and proper.

DATED: 5/20/2026

Signature on File

KRISTIN WALKER
Executive Officer
Board of Chiropractic Examiners
Department of Consumer Affairs
State of California
Complainant

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