ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
PATRICIA WEBBER HEIM
Deputy Attorney General
State Bar No. 230889
1300 I Street, Suite 125
Sacramento, CA 95814
Telephone: (916) 210-7519
Facsimile: (916) 327-8643
E-mail: Patricia.Heim@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**:** **RUBEN JOE GARCIA** **3710 W. Mineral King Ave.** **Visalia, CA 93291** **Chiropractic License No. DC 29775** Respondent.	Case No. AC-2025-2054 **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 June 29, 2005, Board issued Chiropractic License Number DC 29775 to Ruben Joe Garcia (Respondent). The Chiropractic License was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2026, unless renewed.

JURISDICTION

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

[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 (continued…)

4. Section 1000-10, subdivision (b), of the Act states, in pertinent part, that the Board may suspend or revoke a license to practice chiropractic or may place the license on probation for violations of the rules and regulations adopted by the Board or for any cause specified in the Chiropractic Initiative Act.

5. California Code of Regulations, title 16, section (Regulation) 372 states:

> The suspension, expiration, or forfeiture by operation of law of a license issued by the board, or its suspension, or forfeiture by order of the board or by order of a court of law, or its surrender without the written consent of the board shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.

STATUTES AND REGULATIONS

6. Business and Professions Code (Code) section 651 states, in pertinent part:

> (a) It is unlawful for any person licensed under this division or under any initiative act referred to in this division to disseminate or cause to be disseminated any form of public communication containing a false form of public communication containing a false, fraudulent, misleading, or deceptive statement, claim, or image for the purpose of or likely to induce, directly or indirectly, the rendering of professional services or furnishing of products in connection with the professional practice or business for which he or she is licensed. A "public communication" as used in this section includes, but is not limited to, communication by means of mail, television, radio, motion picture, newspaper, book, list or directory of healing arts practitioners, Internet, or other electronic communication.
>
> (b) A false, fraudulent, misleading, or deceptive statement, claim, or image includes a statement or claim that does any of the following:
>
> (1) Contains a misrepresentation of fact.
>
> (2) Is likely to mislead or deceive because of a failure to disclose material facts.
>
> . . . .
>
> (7) Makes a scientific claim that cannot be substantiated by reliable, peer reviewed, published scientific studies.
>
> (8) Includes any statement, endorsement, or testimonial that is likely to mislead or deceive because of a failure to disclose material facts.
>
> . . . .

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.

(f) Any person so licensed who violates this section is guilty of a misdemeanor. A bona fide mistake of fact shall be a defense to this subdivision, but only to this subdivision.

7. Code section 684 states:

(a) For the purpose of this section:

(1) "FDA" means the United States Food and Drug Administration.

(2) "HCT/Ps" means human cells, tissues, or cellular or tissue-based products, as defined in Section 1271.3 of Title 21 of the Code of Federal Regulations, as amended August 31, 2016, as published in the Federal Register (81 Fed. Reg. 60223).

(3) "Stem cell therapy" means a therapy involving the use of HCT/Ps, but shall not include a therapy involving HCT/Ps that meets the criteria set out in Section 1271.10 of Title 21 of the Code of Federal Regulations, as amended May 25, 2004, as published in the Federal Register (69 Fed. Reg. 29829), or that qualifies for any of the exceptions described in Section 1271.15 of Title 21 of the Code of Federal Regulations, as amended May 25, 2004, as published in the Federal Register (69 Fed. Reg. 29829).

(b)(1) A health care practitioner licensed under this division who performs a stem cell therapy that is subject to FDA regulation, but is not FDA-approved, shall communicate to a patient seeking stem cell therapy the following information in English:

"THIS NOTICE MUST BE PROVIDED TO YOU UNDER CALIFORNIA LAW. This health care practitioner performs one or more stem cell therapies that have not been approved by the United States Food and Drug Administration. You are encouraged to consult with your primary care physician prior to undergoing a stem cell therapy."

(2) The information in paragraph (1) shall be communicated to the patient in all of the following ways:

(A) In a prominent display in an area visible to patients in the health care practitioner's office and posted conspicuously in the entrance of the health care practitioner's office. These notices shall be at least eight and one-half inches by 11 inches and written in no less than 40-point type.

(B) Prior to providing the initial stem cell therapy, a health care practitioner shall provide the patient with the notice described in paragraph(1) in writing. The notice shall be at least eight and one-half inches by 11 inches and written in not less than 40-point type.

(d)(1) The licensing board having jurisdiction of the health care practitioner may cite and fine the health care practitioner, not to exceed one thousand dollars ($1,000) per violation of this section.

(2) No citation shall be issued and no fine shall be assessed upon the first complaint against a health care practitioner who violates this section.

(3) Upon a second or subsequent violation of this section, a citation and administrative fine not to exceed one thousand dollars ($1,000) per violation may be

assessed.

. . . .

(e) The Medical Board of California shall indicate in its annual report, commencing with the 2018-19 annual report, all of the following with regard to licensees who provide stem cell therapies:

(1) The number of complaints received.

(2) Any disciplinary actions taken.

(3) Any administrative actions taken.

8. Code section 810 states in pertinent part:

(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:

(1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance.

(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.

9. Code section 2052 states in pertinent part:

(a) Notwithstanding Section 146, any person who practices or attempts to practice, or who advertises or holds himself or herself out as practicing, any system or mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition of any person, without having at the time of so doing a valid, unrevoked, or unsuspended certificate as provided in this chapter or without being authorized to perform the act pursuant to a certificate obtained in accordance with some other provision of law is guilty of a public offense, punishable by a fine not exceeding ten thousand dollars ($10,000), by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, by imprisonment in a county jail not exceeding one year, or by both fine and either imprisonment.

10. Regulation 302 states, in pertinent part:

(a) Scope of Practice.

(1) A duly licensed chiropractor may manipulate and adjust the spinal column and other joints of the human body and in the process thereof a chiropractor may manipulate the muscle and connective tissue related thereto.

(2) As part of a course of chiropractic treatment, a duly licensed chiropractor may use all necessary mechanical, hygienic, and sanitary measures incident to the care of the body, including, but not limited to, air, cold, diet, exercise, heat, light, massage, physical culture, rest, ultrasound, water, and physical therapy techniques in the course of chiropractic manipulations and/or adjustments.

(3) Other than as explicitly set forth in section 10(b) of the Act, a duly licensed chiropractor may treat any condition, disease, or injury in any patient, including a pregnant woman, and may diagnoses, so long as such treatment or diagnosis is done in a manner consistent with chiropractic methods and techniques and so long as such methods and treatment do not constitute the practice of medicine by exceeding the legal scope of chiropractic practice as set forth in this section.

(4) A chiropractic license issued in the State of California does not authorize the holder thereof:

(A) To practice surgery or to sever or penetrate tissues of human beings, including, but not limited to severing the umbilical cord;

. . . .

(E) to use any drug or medicine included in materia medica;

(5) A duly licensed chiropractor may employ the use of vitamins, food supplements, foods for special dietary use, or proprietary medicines, if the above substances are also included in section 4057 of the Business and Professions Code, so long as such substances are not included in materia medica as defined in section 13 of the Business and Professions Code. The use of such substances by a licensed chiropractor in the treatment of illness or injury must be within the scope of the practice of chiropractic as defined in section 7 of the Act.

(6) Except as specifically provided in section 302(a)(4), a duly licensed chiropractor may make use of X-ray and thermography equipment for the purposes of diagnosis but not for the purposes of treatment. A duly licensed chiropractor may make use of diagnostic ultrasound equipment for the purposes of neuromuscular skeletal diagnosis.

(7) A duly licensed chiropractor my only practice or attempt to practice or hold himself or herself out as practicing a system of chiropractic. A duly licensed chiropractor may also advertise the use of the modalities authorized by this section as a part of a course of chiropractic treatment but is not required to use all of the diagnostic and treatment modalities set forth in this section. A chiropractor may not hold himself or herself out as being licensed as anything other than a chiropractor or as holding any other healing arts license or as practicing physical therapy or use the term "physical therapy" in advertising unless he or she holds another such license.

11. Regulation 311 states, in pertinent part:

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 of 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.

12. Regulation 317, states, in pertinent part:

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.

Unprofessional conduct includes, but is not limited to, the following:

(a) Gross negligence;

(b) Repeated negligent acts;

. . . .

(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;

. . . .

(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;

. . . .

(w) Not referring a patient to a physician and surgeon or other licensed health care provider who can provide the appropriate management of a patient's physical or mental condition, disease or injury within his or her scope of practice, if in the course of a diagnostic evaluation a chiropractor detects an abnormality that indicates that the patient has a physical or mental condition disease, or injury that is not subject to appropriate management by chiropractic methods and techniques. This subsection shall not apply where the patient states that he or she is already under the care of such other physician and surgeon or other licensed health care provider who is providing the appropriate management for that physical or mental condition, disease, or injury within the scope of practice.

13. Regulation 319.1 states, in pertinent part:

(a) A licensed Doctor of Chiropractic shall verbally and in writing inform each patient of the material risks of proposed care. "Material" shall be defined as a procedure inherently involving known risk of serious bodily harm. The chiropractor shall obtain the patient's written informed consent prior to initiating clinical care. The signed written consent shall become part of the patient's record.

(b) A violation of this section constitutes unprofessional conduct and may subject the licensee to disciplinary action.

COST RECOVERY

14. Regulation 317.5, subdivision (a), states, in pertinent part:

In any order in resolution of a disciplinary proceeding before the Board of Chiropractic Examiners, the board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the Chiropractic Initiative Act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DEFINITIONS

15. Code section 13 states:

The term "materia medica" as used in this code or in any initiative act referred to in this code, means those substances listed in the official United States Pharmacopoeia, the official Homeopathic Pharmacopoeia of the United Stated, the official Untied States Dispensatory, New and Nonofficial Remedies, or the National Formulary, or any supplement thereof, except substances covered by subdivision (a) of Section 4052 and Section 4057 of this code.

16. Section 684 states, in pertinent part:

(a) For the purpose of this section:

(1) "FDA" means the United States Food and Drug Administration.

(2) "HCT/Ps" means human cells, tissues, or cellular or tissue-based products, as defined in Section 1271.3 of Title 21 of the Code of Federal Regulations, as amended August 31, 2016, as published in the Federal Register (81 Fed. Reg. 60223).

(3) "Stem cell therapy" means a therapy involving the use of HCT/Ps, but shall not include a therapy involving HCT/Ps that meets the criteria set out in Section 1271.10 of Title 21 of the Code of Federal Regulations, as amended May 25, 2004, as published in the Federal Register (69 Fed. Reg. 29829), or that qualifies for any of the exceptions described in Section 1271.15 of Title 21 of the Code of Federal Regulations, as amended May 25, 2004, as published in the Federal Register (69 Fed. Reg. 29829).

17. Title 21 of the Code of Federal Regulations (CFR) section 1271.3 states, in pertinent part:

(d) Human cells, tissues, or cellular or tissue-based products (HCT/Ps) means articles containing or consisting of human cells or tissues that are intended for implantation, transplantation, infusion, or transfer into a human recipient. Examples of HCT/Ps include, but are not limited to, bone, ligament, skin, dura mater, heart valve, cornea, hematopoietic stem/progenitor cells derived from peripheral and cord blood, manipulated autologous chondrocytes, epithelial cells on a synthetic matrix, and semen or other reproductive tissue. The following articles are not considered HCT/Ps:

(1) Vascularized human organs for transplantation;

(2) Whole blood or blood components or blood derivative products subject to listing under parts 607 and 207 of this chapter, respectively;

(3) Secreted or extracted human products, such as milk, collagen, and cell factors; except that semen is considered an HCT/P;

(4) Minimally manipulated bone marrow for homologous use and not combined with another article (except for water, crystalloids, or a sterilizing, preserving, or storage agent, if the addition of the agent does not raise new clinical safety concerns with respect to the one marrow);

(5) Ancillary products used in the manufacture of HCT/P;

(6) Cells, tissues, and organs derived from animals other than humans; and

(7) In vitro diagnostic products as defined in § 809.3(a) of this chapter.

(8) Blood vessels recovered with an organ, as defined in 42 CFR 121.2, that are intended for use in organ transplantation and labeled "For use in organ transplantation only."

18. 21 CFR section 1271.10 states, in pertinent part:

(a) An HCT/P is regulated solely under section 361 of the PHS Act and the regulations in this part if it meets all of the following criteria:

(1) The HCT/P is minimally manipulated;

(2) The HCT/P is intended for homologous use only, as reflected by the labeling, advertising, or other indications of the manufacturer's objective intent;

(3) The manufacture of the HCT/P does not involve the combination of the cells or tissues with another article, except for water, crystalloids, or a sterilizing, preserving, or storage agent, provided that the addition of water, crystalloids, or a sterilizing, preserving, or storage agent does not raise new clinical safety concerns with respect to the HCT/P; and

(4) Either:

(i) The HCT/P does not have a systemic effect and is not dependent upon the metabolic activity of living cells for its primary function; or

(ii) The HCT/P has a systemic effect or is dependent upon the metabolic activity of living cells for its primary function, and:

a. Is for autologous use;

b. Is for allogeneic use in a first-degree or second-degree blood relative; or

c. Is for reproductive use.

d. If you are a domestic or foreign establishment that manufactures an HCT/P described in paragraph (a) of this section:

(1) You must register with FDA;

(2) You must submit to FDA a list of each HCT/P manufactured; and

(3) You must comply with the other requirements contained in this part.

19. Transcutaneous electrical nerve stimulation (TENS) uses low-voltage electrical currents to relieve pain. A TENS unit is a small device that delivers the current at or near the nerves to block or change the perception of pain. Healthcare providers use TENS to treat a range of conditions, including osteoarthritis, tendinitis and fibromyalgia. (Source: https://myclevelandclinic.org/health/treatments/15840-trasncutaneous-electrical-nerve-stimulation-tens)

FACTUAL ALLEGATIONS

I. INVESTIGATION 21-17383: STEM CELL THERAPY ADMINISTRATION

20. On or about July 3, 2020, the Board received a complaint from J.S. alleging that Respondent's chiropractic practice was offering injection therapies including stem cell therapy, platelet-rich plasma (PRP) injections, and vitamin supplement intravenous (IV) injections affiliated with the osteopathic medical license of Doctor of Osteopathy (DO) S.R. DO S.R.'s name appeared on many chiropractic websites that offered these therapies, but he appeared to be located in Carmichael, California while Respondent's practice was located in Visalia, California. DO S.R. was listed on the Secretary of State's Statement of Information Corporation as the Chief Executive Officer of Visalia Rehabilitative Medicine (for which Respondent was listed as the Secretary and Chief Financial Officer) through April 14, 2023.

21. In and between May 2020, and December 2021, social media posts and screenshots of Respondent's practice, Peak Physical Medicine (PPM), included multiple advertisements for micro-needling with PRP injections, stem cell therapy, Immune Boost IV therapy, and LipoShots with free B12 injections. An Instagram post from May 2, 2018, featured a photograph of "Liveyon Regenseries" stem cell product. An August 2020 post introduced a new Nurse Practitioner who "would be doing all of our regenerative cell therapy, micro-needling, IV therapies and Lipo injections."

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22. In or around December 30, 2021, the US Food and Drug Administration (FDA) had not approved stem cell therapies. Several warning letters were sent by the FDA to US stem cell manufacturers, including to Liveyon Labs, which was used by PPM.

23. On or about April 28, 2022, the California Secretary of State had no records for PPM. A Statement of Information (Corporation) was filed for Visalia Rehabilitative Medicine, Inc. on April 14, 2023. Respondent was listed as the Secretary and Chief Financial Officer, and the business was located at the same address as the advertisements for PPM. Another Statement of Information (Corporation) was filed for Visalia Rehabilitative Medicine, Inc. on May 31, 2023, with Respondent as the Secretary and Chief Financial Officer. Dr. R.S. was listed as the Chief Executive Officer.

24. On or around December 23, 2022, the Board investigator received a Certification of Non-Licensure from the Board of Osteopathic Medicine, confirming that no record existed for PPM, nor had a fictitious name permit ever been issued by the Board.

25. On or around April 6, 2023, in an undercover operation at PPM, Investigator J.A. posed as a potential patient with knee pain and previous surgery. Respondent told Investigator J.A. that they performed PRP and/or stem cell injections and focused his discussion on the benefits of receiving stem cell therapy. Respondent said that PPM had performed stem cell injections for "pretty much every single joint." Respondent said he had nurse practitioners who performed the injections. He discussed financing with Investigator J.A. and quoted a financing plan with a cost of $6,385.00. Respondent explained that Investigator J.A. would either "pay cash or credit card" or finance the stem cell therapy, a staff person would then schedule J.A. for treatment, Respondent would start doing therapy and then receive an injection from a nurse practitioner. Respondent explained that there would not be a separate appointment with a doctor or nurse practitioner, but they might go over some questions with J.A. during the injection process.

26. On or around December 4, 2023, Investigator R.B. opened a supplemental investigation of Respondent.

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27. On or around February 13, 2024, Investigator R.B. interviewed Nurse Practitioner (NP) R.B., who had begun working for Peak Physical Medicine in 2018 and continued through May 2020. NP R.B. confirmed that Dr. S.R. was the supervising physician during her employment but was not onsite. There were standardized procedures for the different IV therapies. NP R.B. confirmed that she treated four to six patients with stem cells at PPM, and Respondent referred all patients she treated to her. All patients first consulted with Respondent, who took X-rays and screened patients to determine if the patients were good candidates for stem cell therapy. At the stem cell therapy screening appointment, NP R.B. went over paperwork and informed consent with patients, and verbally told them that stem cell treatments were not FDA-approved. At injection appointments, NP R.B. did not perform stem cell therapy under ultrasound guidance, and the patient was scheduled for follow-up appointments with Respondent, not her.

28. On or about March 14, 2024, Investigator R.B. interviewed NP K.C. who had worked at PPM from the summer of 2020 through January 2023. Dr. S.R. was the supervising physician during her entire employment, and was available via Zoom or telephone, but NP K.C. never saw him in the office. NP K.C. confirmed that she met with patients, took a brief medical history, explained the procedure, and performed the injections without ultrasound guidance. Respondent would screen patients to determine if they were eligible for human cellular tissue, and if they were, patients scheduled an appointment with NP K.C., who then performed the human cellular tissue injections without conducting follow-up care unless they had additional injections scheduled.

29. On or about May 21, 2024, Investigator R.B. interviewed Respondent who confirmed that he had begun "medical integration" into PPM in 2017 or 2018, with Dr. S.R. as the clinic's physician until May 2023. Respondent explained that for medical integration, a medical doctor owned a 51% share of the office. Dr. R.S. was listed as Chief Executive Officer on the Secretary of State statement of information for PPM through April 2023. Dr. R.S. became the clinic's medical doctor in May 2023, and was listed as the Chief Executive Officer on the updated Secretary of State documents filed on May 31, 2023.

30. Respondent said he wanted to add PRP, human cellular tissues, and IV therapies to PPM to get better outcomes. He heard about medical integration through Professional Business Services (PBS), a chiropractic coaching group. PBS provided information on starting a corporation, provided an attorney to work with and a checklist of how to set up the practice.

31. Respondent confirmed that PPM offered standard chiropractic care, PRP, IV therapies, and human cellular tissues, which were the same as stem cells. When a patient came in for human cellular tissues, Respondent conducted a patient evaluation and consultation regarding the different benefits of human cellular tissues. Respondent did not typically tell patients that human cellular tissues were not FDA-approved unless they asked. Respondent stated that he told patients they might qualify for human cellular tissue treatment and would need to consult with the nurse practitioner, who would discuss treatment options and determine if the patient was qualified to receive treatments.

32. Respondent confirmed that human cellular tissues were injected without the use of image guidance, and the nurse practitioners were taught to use palpation landmarks. After the injection appointment, patients typically continued treatment with Respondent, who performed shockwave treatment, myofascial release, knee TENS unit, and other treatments dependent on the patients' needs or condition. He did not assess the injection site for infection.

33. Respondent advertised for joint pain or knee pain but had not paid for advertising with human cellular tissue, PRP, and stem cells. He said that the radio advertisement he did was for knee pain, and the host of the radio show received shoulder stem cell injections and wanted Respondent to go on the show to talk about the host's experience.

34. Respondent maintained that he did not make the recommendation for patients to receive human cellular tissue treatments, but rather made a suggestion to the patients, as he was not qualified to determine if a patient could or could not receive human cellular treatments. Once he made the suggestion, if a patient was interested, he said the nurse practitioner would determine if the patient was medically qualified.

35. On or around August 6, 2024, a review of PPM's standardized procedures for human cellular tissue treatments revealed that the protocols consisted of ten pages, with no date or author

listed. The protocols recommended 24-to-48-hour post-injection assessments conducted by telephone, and recommended patients be re-evaluated at the four-to-six-week mark, three-month, six-month and 12-month mark to assess the outcome. The protocols also recommended image-guided facet injections, with the standard being fluoroscopy.

36. On or around September 18, 2024, Investigator R.B. interviewed NP P.C. who had worked on a per diem basis for about two years. NP P.C. said his supervising physician was Dr. R.S., and he had never spoken to Dr. R.S. or received any feedback. NP P.C. confirmed that Respondent performed his own assessment and evaluations of the patient, completed the patient's consent and scheduled the patient for stem cell injections with NP P.C.

37. On or around October 23, 2024, Investigator J.T. and medical consultant Dr. J.U. interviewed Dr. S.R. who confirmed that he worked with PPM from October 2017 until January 2023, and that the medical component at PPM was only IV therapies. His primary motivation for joining PPM was financial.

38. On or around January 7, 2025, Investigator J.T. and Dr. J.U. interviewed Dr. R.S. who denied any association with Peak Physical Medicine.

II. COMPLAINT NO. CH 2024-18406: EXCESSIVE TREATMENT OR USE OF DIAGNOSTIC PROCEDURES

39. On or about January 18, 2024, G.Z. sought treatment from Respondent for sciatica nerve pain after he saw an ad for a $30.00 initial examination. Respondent recommended a TENS unit and a $5,000 treatment plan. After G.Z. said he already had a TENS unit, Respondent said he needed a "specific" TENS unit. G.Z. was unable to secure financing for the treatment plan. Respondent recommended that G.Z. use a TENS unit, and on January 22, 2024, G.Z. completed paperwork that he believed was for the specific TENS unit only, not supplies.

40. After G.Z. received his first shipment of supplies, he asked Respondent to stop the shipments. Respondent said G.Z. had signed a contract with the third-party company SMG Mediquip, and he could not stop them. G.Z. contacted SMG Mediquip, who said Respondent sent them requests for supplies each month. SMG Mediquip billed G.Z.'s insurance $1,200 each

month, and told G.Z. that his insurance would mail him a check for approximately $400 each month, which he should sign over to SMG Mediquip. G.Z. signed over one to two checks.

41. The only treatment G.Z. received from Respondent was at the initial visit on January 18, 2024. In the letter of medical necessity submitted to SMG Mediquip requesting a TENS unit for 12 months, Respondent included a diagnosis of Lumbar Radiculopathy and low back pain due to disc degeneration. The initial physical examination included two orthopedic tests, neither of which produced lumbar radiculopathy. No neurological tests were performed, nor did Respondent have access to X-rays.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

42. Respondent is subject to disciplinary action under Regulation 317, subdivision (a), in that he engaged in gross negligence, as set forth in more detail above in paragraphs 21 through 42 and as follows:

a. He treated patients with human cellular tissue treatments without evidence supporting the necessity of such treatment,

b. He failed to perform or document re-examinations or outcomes of assessments for those patients, and

c. He failed to treat Patient G.Z. other than at an initial visit, but continued to request monthly supplies and subject Patient G.Z. to excessive costs.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

43. Respondent is subject to disciplinary action under Regulation 317, subdivision (b), in that he committed repeated acts of negligence, as set forth in more detail above in paragraphs 21 through 42, and as follows:

a. He continued to recommend stem cell treatment and PRP injections to patients through social media posts and in-office visits, and

b. He subjected Patient G.Z. to a 12-month contract after only seeing him for one visit.

THIRD CAUSE FOR DISCIPLINE

(Clearly Excessive Treatment)

44. Respondent is subject to disciplinary action under Regulation 317, subdivision (d), on the grounds of clearly excessive treatment, in that he recommended a medical device, specifically a TENS unit to Patient G.Z., without any corresponding treatment. This was clearly excessive as determined by the customary practice and standards of the local community of licensees because Respondent had Patient G.Z. sign up and pay for approximately twelve (12) months of equipment and supplies that provided almost no benefit to Patient G.Z., as set forth in more detail above in paragraphs 40 through 42.

FOURTH CAUSE FOR DISCIPLINE

(Dishonest Acts)

45. Respondent is subject to disciplinary action under Code section 651, subdivision (b)(7) and Regulation 317, subdivision (k), for dishonest acts, in that he recommended human cellular treatments and other IV injectable treatments without notifying patients that the treatments were not FDA-approved or providing sufficient evidence of the scientific efficacy of such treatments, as set forth in more detail above in paragraphs 21 through 39.

FIFTH CAUSE FOR DISCIPLINE

(False Representation of Facts)

46. Respondent is subject to disciplinary action under Regulation 317, subdivision (*l*), for falsely representing facts in that he knowingly submitted a letter of medical necessity justifying Patient G.Z.'s need for a TENS unit and monthly supplies with a diagnosis of lumbar radiculopathy and low back pain due to disc degeneration without performing a basic neurologic exam or reviewing any X-rays at the initial exam or any other subsequent time, as set forth in more detail above in paragraphs 40 through 42.

SIXTH CAUSE FOR DISCIPLINE

(Failure to Refer)

47. Respondent is subject to disciplinary action under Regulation 317, subdivision (w), for failing to refer patients to a physician for appropriate management of their conditions, in that

he treated multiple patients with human tissue therapy and failed to sufficiently follow-up or manage their care as required by statute, as set forth in more detail above in paragraphs 7 through 9, and 21 through 39.

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 Chiropractic License Number DC 29775, issued to Ruben Joe Garcia;

2. Ordering Ruben Joe Garcia 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: 08/04/2025

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

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