



THE UNITED STATES ATTORNEY'S OFFICE  
MIDDLE DISTRICT *of* FLORIDA

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**Department of Justice**

U.S. Attorney's Office

Middle District of Florida

FOR IMMEDIATE RELEASE

Friday, May 25, 2018

**United States Settles False Claims Act Allegations Against  
Riverside Spine & Pain Physicians For More Than \$1.2  
Million**

Tampa, FL – United States Attorney Maria Chapa Lopez announces today that Riverside Spine & Pain Physicians, LLC (RSPP), a pain management practice principally located in Jacksonville, Florida, has agreed to pay the United States \$1,204,415.60 to resolve allegations that they violated the False Claims Act by knowingly billing the government for medically unnecessary urine drug tests.

The settlement relates to RSPP's use of quantitative drug tests, which identify and assess the amount of drugs in a patient's urine. Quantitative drug tests are very specific, very expensive, and necessary only if an individualized patient assessment supports further testing. Routine quantitative testing for all patients in a practice is unnecessary. Similarly, testing every patient for the same physician-defined panel of drugs is unnecessary. The United States contends that RSPP performed quantitative testing on all of their patients for the same panel of drugs regardless of individual patient history and risk.

"A primary mission of the United States Attorney's Office is protecting Medicare, TRICARE, and other federal health care programs from fraud," said U.S. Attorney Maria Chapa Lopez. "Our Civil Division works tirelessly in the pursuit of providers who perform tests indiscriminately and regardless of patient need."

"This settlement demonstrates the effectiveness of investigations by the Defense Criminal Investigative Service and our law enforcement partners to ensure that medical service providers do not unjustly enrich themselves by diverting precious taxpayer dollars from where they are needed most. DCIS protects the integrity of the Department of Defense enterprise by rooting out fraud, waste, and abuse that negatively impacts critical programs such as TRICARE," said Special Agent in Charge John F. Khin, Southeast Field Office.

“This settlement highlights our commitment to hold accountable providers who place profits over patients,” said Shimon Richmond, Special Agent in Charge for the Office of Inspector General of the U.S. Department of Health and Human Services. “Paying medically unnecessary claims or those stemming from improper referrals is an injustice to the Medicare program and the beneficiaries it serves.”

The settlement concludes a lawsuit originally filed in the United States District Court for the Middle District of Florida by a former employee of RSPP, Dr. Carissa Stone. She sued under the qui tam, or whistleblower, provisions of the False Claims Act permitting a private citizen to sue on behalf of the United States for false claims and to share in the recovery. The Act also allows the United States to intervene and prosecute the action. Dr. Stone will receive roughly \$240,000 of the proceeds from the settlement with RSPP.

The government’s action in this matter illustrates the emphasis on combating health care fraud, and one of the most powerful tools in this effort is the False Claims Act. Tips from all sources about potential fraud, waste, abuse, and mismanagement can be reported to the Department of Health and Human Services, at 800-HHS-TIPS (800-447-8477).

This settlement resulted from a coordinated effort by the U.S. Attorney’s Office for the Middle District of Florida; the U.S. Department of Health and Human Services, Office of Inspector General; the Defense Criminal Investigative Service; and the Department of Veterans Affairs, Office of Inspector General. Assistant United States Attorney Lindsay Saxe Griffin led the investigation.

The case is captioned United States ex rel Carissa Stone vs. Riverside Spine & Pain Physicians, LLC, dba Riverside Spine & Pain Physicians PL, Case No. 8:16-cv-945-T36EAJ. The settlement resolves the United States’ claims in that case. The claims resolved by the settlement are allegations only, and there has been no determination of liability.

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**Topic(s):**

False Claims Act  
Financial Fraud  
Health Care Fraud

**Component(s):**

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