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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

v.

Case: 2:18-cr-20800
Judge: Murphy, Stephen J.
MJ: Patti, Anthony P.
Filed: 12-04-2018 At 03:33 PM
SEALED MATTER (dat)

D-1 DR. RAJENDRA BOTHRA
D-2 DR. ERIC BACKOS
D-3 DR. GANIU EDU
D-4 DR. DAVID LEWIS
D-5 DR. CHRISTOPHER RUSSO
D-6 DR. RONALD KUFNER

VIO: 21 U.S.C. §§ 841(a)(1), 846
18 U.S.C. §§ 1347, 1349
18 U.S.C. § 2

Defendant.

_____ /

INDICTMENT

THE GRAND JURY CHARGES:

General Allegations

At all times relevant to this Indictment:

1. Beginning in or about January 2013 and continuing through in or about November 2018, in the Eastern District of Michigan, the defendants, DR. RAJENDRA BOTHRA, DR. ERIC BACKOS, DR. GANIU EDU, DR. DAVID LEWIS, DR. CHRISTOPHER RUSSO and DR. RONALD KUFNER created and

executed a scheme or pattern of illegal conduct involving fraudulent health care billings and unlawful prescribing of prescription drug controlled substances. The defendants each played different roles, at different times and engaged in different aspects of the overall scheme.

2. Over the course of the conspiracy, the defendants submitted, or caused the submission of claims for more than \$182.5 Million to Medicare, \$272.6 Million to Medicaid, and \$9.2 Million to Blue Cross/Blue Shield of Michigan for services and equipment that was medically unnecessary, not eligible for reimbursement, and/or not provided as represented. The defendants were responsible for issuing more than 13,217,987 dosage units of Schedule II opioids, including oxycodone (Oxycontin, Percocet, Roxicodone, Endocet), oxymorphone (Opana), hydrocodone (Vicodin, Norco, Lorcet, Lortab) and hydromorphone (Dilaudid) over the course of the conspiracy.

The Federal Health Benefit Programs

3. The Medicare program was a federal health care benefit program providing benefits to persons who are over the age of 65 or disabled. Medicare was administered by the Centers for Medicare and Medicaid Services (CMS), a federal agency under the United States Department of Health and Human Services.

4. The Michigan Medicaid program (“Medicaid”) was a federal and state funded health care program providing benefits to individuals and families who met specified financial and other eligibility requirements, and certain other individuals who lacked adequate resources to pay for medical care. Medicaid covered the costs of medical services and products ranging from routine preventive medical care for children to institutional care for the elderly and disabled. CMS was responsible for overseeing the Medicaid program in participating states, including Michigan.

5. Blue Cross was a private health insurer that provided health benefits to individuals qualified under their health insurance plans.

6. Medicare, Medicaid and Blue Cross were “health care benefit programs” as defined by Title 18, United States Code, Section 24(b).

7. The Medicare Program includes coverage under four primary components: hospital insurance (Part A), medical insurance (Part B), Medicare Advantage (Part C), and prescription drug benefits (Part D).

8. The medical services at issue in this Indictment were covered by Part B of the Medicare medical insurance program. Specifically, Part B covered among other things, medically necessary physician office services, outpatient physical therapy services, nerve conduction, and nerve block injections (including facet joint

injections). Part B also covers services that are provided in connection with a laboratory testing facility, including urine drug testing.

9. Participants in Medicare insurance programs agreed to abide by the policies and procedures, rules, and regulations governing reimbursement under these plans. In order to receive Medicare funds, enrolled providers, together with their authorized agents, employees, and contractors, are required to abide by all the provisions of the Social Security Act, the regulations promulgated under the Act, and applicable policies and procedures, rules, and regulations, issued by CMS and its authorized agents and contractors.

10. Participating providers were given and/or provided with online access to Medicare manuals and services bulletins describing proper billing procedures and billing rules and regulations. Health care providers could only submit claims to Medicare for reasonable and medically necessary services that they rendered.

11. Medicare regulations required health care providers enrolled with Medicare to maintain complete and accurate patient medical records reflecting the medical assessment and diagnoses of their patients, as well as records documenting actual treatment of the patients to whom services were provided and for whom claims for payment were submitted by the physician. Medicare requires complete and accurate patient medical records so that Medicare may verify that the services

were provided as described on the claim form. These records were required to be sufficient to permit Medicare to review the appropriateness of Medicare payments made to the health care provider.

12. Under Medicare Part B, physician office visit services, outpatient physical therapy services, nerve conduction, and nerve block injections, including facet joint injections, were required to be reasonable and medically necessary for the treatment or diagnosis of the patient's illness or injury. Individuals providing these services were required to have the appropriate training, qualifications, and licenses to provide such services. Providers were required to: (1) document the medical necessity of these services; (2) document the date the service was performed; (3) identify the provider who performed the service; and (4) identify the clinic, physician office, or group practice where the provider provided the service. Providers conveyed this information to Medicare by submitting claims using billing codes and modifiers. To be reimbursed from Medicare for physician office visit services, outpatient physical therapy services, nerve conduction, and nerve block injections, including facet joint injections, the services had to be reasonable, medically necessary, documented, and actually provided as represented to Medicare.

13. Payments under the Medicare, Medicaid and Blue Cross programs were often made directly to a provider of the goods or services, rather than to the

beneficiary. This occurred when the provider submitted the claim to Medicare, Medicaid, or Blue Cross for payment, either directly or through a billing company.

The Pain Center USA and Interventional Pain Center

14. The Pain Center USA, PLLC (“The Pain Center”) was a Michigan professional limited liability company, doing business at 27423 Van Dyke Avenue, Suite A, Warren, Michigan 48093 and 22480 Kelly Road, Eastpointe, Michigan 38021. The Pain Center was a participating provider with Medicare, Medicaid and Blue Cross; and submitted claims to each of these federal health benefit programs.

15. Interventional Pain Center, PLLC (“Interventional Pain Center”) was a Michigan professional limited liability company, doing business at 27423 Van Dyke Avenue, Suite B, Warren, Michigan 48093. Interventional Pain Center was a participating provider with Medicare, Medicaid and Blue Cross; and submitted claims to each of these federal health benefit programs.

The Defendants

16. Defendant DR. RAJENDRA BOTHRA, a resident of Oakland County, was a physician licensed in the state of Michigan who controlled, owned and operated The Pain Center and Interventional Pain Center. Dr. Bothra was enrolled as a participating provider with Medicare for The Pain Center and Interventional Pain Center and submitted claims under these entities. Dr. Bothra was also licensed

by the Drug Enforcement Administration (DEA) to prescribe controlled substances and issued prescriptions to patients at The Pain Center.

17. Defendant DR. ERIC BACKOS, a resident of Oakland County, was a physician licensed in the state of Michigan who was enrolled as a participating provider with Medicare for The Pain Center and Interventional Pain Center. Dr. Backos was also licensed by the DEA to prescribe controlled substances and issued prescriptions to patients at The Pain Center.

18. Defendant DR. GANIU EDU, a resident of Oakland County, was a physician licensed in the state of Michigan who was enrolled as a participating provider with Medicare for The Pain Center and Interventional Pain Center. Dr. Edu was also licensed by the DEA to prescribe controlled substances and issued prescriptions to patients at The Pain Center.

19. Defendant DR. DAVID LEWIS, a resident of Wayne County, was a physician licensed in the state of Michigan who was enrolled as a participating provider with Medicare for The Pain Center and Interventional Pain Center. Dr. Lewis was also licensed by the DEA to prescribe controlled substances and issued prescriptions to patients at The Pain Center.

20. Defendant DR. CHRISTOPHER RUSSO, a resident of Kent County, was a physician licensed in the state of Michigan who was enrolled as a participating

provider with Medicare for The Pain Center and Interventional Pain Center. Dr. Russo was also licensed by the DEA to prescribe controlled substances and issued prescriptions to patients at The Pain Center.

21. Defendant DR. RONALD KUFNER, a resident of Kent County, was a physician licensed in the state of Michigan who was enrolled as a participating provider with Medicare for The Pain Center and Interventional Pain Center. Dr. Kufner was also licensed by the DEA to prescribe controlled substances and issued prescriptions to patients at The Pain Center.

These general allegations are adopted and incorporated in each count of this Indictment.

COUNT 1
Health Care Fraud Conspiracy
(18 U.S.C. § 1349)

D-1 DR. RAJENDRA BOTHRA
D-2 DR. ERIC BACKOS
D-3 DR. GANIU EDU
D-4 DR. DAVID LEWIS
D-5 DR. CHRISTOPHER RUSSO
D-6 DR. RONALD KUFNER

22. Beginning in or about January 2013 and continuing through in or about November 2018, the exact dates being unknown to the Grand Jury, in the Eastern

District of Michigan, the defendants **DR. RAJENDRA BOTHRA, DR. ERIC BACKOS, DR. GANIU EDU, DR. DAVID LEWIS, DR. CHRISTOPHER RUSSO** and **DR. RONALD KUFNER**, did willfully, with the specific intent to further the object of the conspiracy, and knowingly, combine, conspire, confederate and agree with each other and with others, both known and unknown to the Grand Jury, to violate Title 18 United States Code Section 1347, that is, to execute a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, Medicare, Medicaid, and private insurance plans, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services.

23. It was the purpose of the scheme for the defendants to unlawfully enrich themselves by, among other things, (a) prescribing prescription opioids and other controlled substances to induce patients to attend reoccurring office visits; (b) prescribing prescription opioids and other controlled substances to induce patients to undergo unnecessary medical procedures; (c) submitting false and fraudulent claims to Medicare, Medicaid and Blue Cross for services and medical devices that

were medically unnecessary, not eligible for reimbursement, and/or not provided as represented; (d) referring or causing the referral of patients, or ordering or causing the ordering of testing, by other providers, including MRI companies and diagnostic laboratories, where the services were medically unnecessary, not eligible for reimbursement, and/or not provided as represented; (e) concealing the submission of false and fraudulent claims to Medicare, Medicaid and Blue Cross, and the receipt and transfer of the proceeds from the fraud; and (f) diverting proceeds of the fraud for the personal use and benefit of the defendants.

All in violation of Title 18, United States Code, Section 1349.

COUNTS 2-13
Health Care Fraud, Aid and Abetting
(18 U.S.C. §§ 1347, 2)

D-1 DR. RAJENDRA BOTHRA

24. On or about the dates set forth below, in the Eastern District of Michigan, the Defendant, DR. RAJENDRA BOTHRA, did knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, Medicare, Medicaid and Blue Cross, and to obtain, by means of

materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services.

Purpose of the Scheme and Artifice

25. It was the purpose of the scheme and artifice for the Defendant DR. RAJENDRA BOTHRA to unlawfully enrich himself and his accomplices, by, among other things, (a) prescribing prescription opioids and other controlled substances to induce patients to attend reoccurring office visits; (b) prescribing prescription opioids and other controlled substances to induce patients to undergo unnecessary medical procedures; (c) submitting false and fraudulent claims to Medicare, Medicaid and Blue Cross for services and medical devices that were medically unnecessary, not eligible for reimbursement, and/or not provided as represented; (d) referring or causing the referral of patients, or ordering or causing the ordering of testing, by other providers, including MRI companies and diagnostic laboratories, where the services were medically unnecessary, not eligible for reimbursement, and/or not provided as represented; (e) concealing the submission of false and fraudulent claims to Medicare, Medicaid and Blue Cross, and the receipt

and transfer of the proceeds from the fraud; and (f) diverting proceeds of the fraud for the personal use and benefit of the defendants.

Acts in Execution of the Scheme and Artifice

26. In execution of the scheme and artifice, Defendant DR. RAJENDRA BOTHRA submitted or caused the submission of claims to the identified federal health program for services that were medically unnecessary, not eligible for reimbursement, and/or not provided as represented, including but not limited to, the following:

COUNT	PURPORTED DATE OF SERVICE	PATIENT	FEDERAL HEALTH PLAN	AMOUNT BILLED	DESCRIPTION OF PURPORTED SERVICE
2	1/4/2018	UC	BCBS	\$1575.00	DME
3	1/4/2018	UC	BCBS	\$300.00	Medical Care
4	12/17/2013	GR	Medicare	\$975.00	L0631 - Lumbar-Sacral Orthosis, Sagittal Control (Brace)
5	5/6/2014	GR	Medicare	\$925.00	64635 – Destruction of lower or sacral spine facet joint
6	5/6/2014	GR	Medicare	\$380.00	64636 – Destruction of lower or sacral spine facet joint

7	5/6/2014	GR	Medicare	\$380.00	64636 – Destruction of lower or sacral spine facet joint
8	5/6/2014	MG	Medicare	\$975.00	L0631 - Lumbar-Sacral Orthosis, Sagittal Control (Brace)
9	9/13/2013	VL	Medicare	\$975.00	L0631 - Lumbar-Sacral Orthosis, Sagittal Control (Brace)
10	11/11/2017	VL	Medicare	\$1650.00	64635 – Destruction of lower or sacral spine facet joint
11	11/11/2017	VL	Medicare	\$2475.00	64636 – Destruction of lower or sacral spine facet joint
12	11/25/2017	VL	Medicare	\$1650.00	64635 – Destruction of lower or sacral spine facet joint
13	11/25/2017	VL	Medicare	\$2475.00	64636 – Destruction of lower or sacral spine facet joint

All in violation of Title 18, United States Code, Section 1347 and Title 18, United States Code, Section 2.

COUNTS 14 - 18
Health Care Fraud, Aid and Abetting
(18 U.S.C. §§ 1347, 2)

D-2 DR. ERIC BACKOS

27. On or about the dates set forth below, in the Eastern District of Michigan, the Defendant, DR. ERIC BACKOS, did knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud a health care benefit

program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, Medicare, Medicaid and Blue Cross, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services.

Purpose of the Scheme and Artifice

28. It was the purpose of the scheme and artifice for the Defendant DR. ERIC BACKOS to unlawfully enrich himself and his accomplices, by, among other things, (a) prescribing prescription opioids and other controlled substances to induce patients to attend reoccurring office visits; (b) prescribing prescription opioids and other controlled substances to induce patients to undergo unnecessary medical procedures; (c) submitting false and fraudulent claims to Medicare, Medicaid and Blue Cross for services and medical devices that were medically unnecessary, not eligible for reimbursement, and/or not provided as represented; (d) referring or causing the referral of patients, or ordering or causing the ordering of testing, by other providers, including MRI companies and diagnostic laboratories, where the services were medically unnecessary, not eligible for reimbursement, and/or not

provided as represented; (e) concealing the submission of false and fraudulent claims to Medicare, Medicaid and Blue Cross, and the receipt and transfer of the proceeds from the fraud; and (f) diverting proceeds of the fraud for the personal use and benefit of the defendants.

Acts in Execution of the Scheme and Artifice

29. In execution of the scheme and artifice, Defendant DR. ERIC BACKOS submitted or caused the submission of claims to the identified federal health program for services that were medically unnecessary, not eligible for reimbursement, and/or not provided as represented, including but not limited to, the following:

COUNT	PURPORTED DATE OF SERVICE	PATIENT	FEDERAL HEALTH PLAN	AMOUNT BILLED	DESCRIPTION OF PURPORTED SERVICE
14	3/4/2014	JG	Medicare	\$135.00	20552 – Injections of Trigger Points
15	5/2/2014	JG	Medicare	\$300.00	20610 – Aspiration and/or Injection of Large Joint or Joint Capsule
16	5/2/2014	JG	Medicare	\$360.00	76942 – Ultrasonic Guidance Imaging Supervision
17	6/27/2014	JG	Medicare	\$300.00	20610 – Aspiration and/or Injection of Large Joint or Joint Capsule

18	6/2/72014	JG	Medicare	\$360.00	76942 – Ultrasonic Guidance Imaging Supervision
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All in violation of Title 18, United States Code, Section 1347 and Title 18, United States Code, Section 2.

COUNTS 19 - 29
Health Care Fraud, Aid and Abetting
(18 U.S.C. §§ 1347, 2)

D-3 DR. GANIU EDU

30. On or about the dates set forth below, in the Eastern District of Michigan, the Defendant, DR. GANIU EDU, did knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, Medicare, Medicaid and Blue Cross, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services.

Purpose of the Scheme and Artifice

31. It was the purpose of the scheme and artifice for the Defendant DR. GANIU EDU to unlawfully enrich himself and his accomplices, by, among other

things, (a) prescribing prescription opioids and other controlled substances to induce patients to attend reoccurring office visits; (b) prescribing prescription opioids and other controlled substances to induce patients to undergo unnecessary medical procedures; (c) submitting false and fraudulent claims to Medicare, Medicaid and Blue Cross for services and medical devices that were medically unnecessary, not eligible for reimbursement, and/or not provided as represented; (d) referring or causing the referral of patients, or ordering or causing the ordering of testing, by other providers, including MRI companies and diagnostic laboratories, where the services were medically unnecessary, not eligible for reimbursement, and/or not provided as represented; (e) concealing the submission of false and fraudulent claims to Medicare, Medicaid and Blue Cross, and the receipt and transfer of the proceeds from the fraud; and (f) diverting proceeds of the fraud for the personal use and benefit of the defendants.

Acts in Execution of the Scheme and Artifice

32. In execution of the scheme and artifice, Defendant DR. GANIU EDU submitted or caused the submission of claims to the identified federal health program for services that were medically unnecessary, not eligible for reimbursement, and/or not provided as represented, including but not limited to, the following:

COUNT	PURPORTED DATE OF SERVICE	PATIENT	FEDERAL HEALTH PLAN	AMOUNT BILLED	DESCRIPTION OF PURPORTED SERVICE
19	1/26/2015	GR	Medicare	\$630.00	01992 – Anesthesia for Nerve Block and Injection Procedure
20	1/26/2015	GR	Medicare	\$900.00	64493 – Injections of lower or sacral spine facet joint
21	1/26/2015	GR	Medicare	\$550.00	64494 – Injections of lower or sacral spine facet joint
22	1/26/2015	GR	Medicare	\$930.00	64495 – Injections of lower or sacral spine facet joint
23	7/15/2016	JL	Medicare	\$192.00	97110 – Therapeutic exercise
24	7/15/2016	JL	Medicare	\$96.00	97140 – Manual (physical) therapy techniques
25	8/15/2016	JL	Medicare	\$1000.00	64490 – Injections of upper or middle spine facet joint
26	8/15/2016	JL	Medicare	\$750.00	64491 – Injections of upper or middle spine facet joint
27	8/15/2016	JL	Medicare	\$750.00	64492 – Injections of upper or middle spine facet joint
28	11/30/2016	DS	Medicare	\$2100.00	01992 – Anesthesia for Nerve Block and Injection Procedure
29	3/14/2018	DS	Medicare	\$2400.00	01992 – Anesthesia for Nerve Block and Injection Procedure

All in violation of Title 18, United States Code, Section 1347 and Title 18,
United States Code, Section 2.

COUNTS 30 - 31
Health Care Fraud, Aid and Abetting
(18 U.S.C. §§ 1347, 2)

D-4 DR. DAVID LEWIS

33. On or about the dates set forth below, in the Eastern District of Michigan, the Defendant, DR. DAVID LEWIS, did knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, Medicare, Medicaid and Blue Cross, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services.

Purpose of the Scheme and Artifice

34. It was the purpose of the scheme and artifice for the Defendant DR. DAVID LEWIS to unlawfully enrich himself and his accomplices, by, among other things, (a) prescribing prescription opioids and other controlled substances to induce patients to attend reoccurring office visits; (b) prescribing prescription opioids and other controlled substances to induce patients to undergo unnecessary medical

procedures; (c) submitting false and fraudulent claims to Medicare, Medicaid and Blue Cross for services and medical devices that were medically unnecessary, not eligible for reimbursement, and/or not provided as represented; (d) referring or causing the referral of patients, or ordering or causing the ordering of testing, by other providers, including MRI companies and diagnostic laboratories, where the services were medically unnecessary, not eligible for reimbursement, and/or not provided as represented; (e) concealing the submission of false and fraudulent claims to Medicare, Medicaid and Blue Cross, and the receipt and transfer of the proceeds from the fraud; and (f) diverting proceeds of the fraud for the personal use and benefit of the defendants.

Acts in Execution of the Scheme and Artifice

35. In execution of the scheme and artifice, Defendant DR. DAVID LEWIS submitted or caused the submission of claims to the identified federal health program for services that were medically unnecessary, not eligible for reimbursement, and/or not provided as represented, including but not limited to, the following:

COUNT	PURPORTED DATE OF SERVICE	PATIENT	FEDERAL HEALTH PLAN	AMOUNT BILLED	DESCRIPTION OF PURPORTED SERVICE
30	10/27/2017	VL	Medicare	\$1300.00	27096 – Injection Procedure into Sacroiliac Joint
31	3/26/2018	VL	Medicare	\$2250.00	01992 – Anesthesia for Nerve Block and Injection Procedure

All in violation of Title 18, United States Code, Section 1347 and Title 18,
United States Code, Section 2.

COUNTS 32 - 36
Health Care Fraud, Aid and Abetting
(18 U.S.C. §§ 1347, 2)

D-5 DR. CHRISTOPHER RUSSO

36. On or about the dates set forth below, in the Eastern District of Michigan, the Defendant, DR. CHRISTOPHER RUSSO, did knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, Medicare, Medicaid and Blue Cross, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit

program, in connection with the delivery of and payment for health care benefits, items, and services.

Purpose of the Scheme and Artifice

37. It was the purpose of the scheme and artifice for the Defendant DR. CHRISTOPHER RUSSO to unlawfully enrich himself and his accomplices, by, among other things, (a) prescribing prescription opioids and other controlled substances to induce patients to attend reoccurring office visits; (b) prescribing prescription opioids and other controlled substances to induce patients to undergo unnecessary medical procedures; (c) submitting false and fraudulent claims to Medicare, Medicaid and Blue Cross for services and medical devices that were medically unnecessary, not eligible for reimbursement, and/or not provided as represented; (d) referring or causing the referral of patients, or ordering or causing the ordering of testing, by other providers, including MRI companies and diagnostic laboratories, where the services were medically unnecessary, not eligible for reimbursement, and/or not provided as represented; (e) concealing the submission of false and fraudulent claims to Medicare, Medicaid and Blue Cross, and the receipt and transfer of the proceeds from the fraud; and (f) diverting proceeds of the fraud for the personal use and benefit of the defendants.

Acts in Execution of the Scheme and Artifice

38. In execution of the scheme and artifice, Defendant DR. CHRISTOPHER RUSSO submitted or caused the submission of claims to the identified federal health program for services that were medically unnecessary, not eligible for reimbursement, and/or not provided as represented, including but not limited to, the following:

COUNT	PURPORTED DATE OF SERVICE	PATIENT	FEDERAL HEALTH PLAN	AMOUNT BILLED	DESCRIPTION OF PURPORTED SERVICE
32	4/25/2017	MM	Medicaid	\$925.00	62323 – Injection Interlaminar Lumbar/Sacral
33	11/16/2017	DS	Medicare	\$1300.00	27096 – Injection Procedure into Sacroiliac Joint
34	11/16/2017	DS	Medicare	\$25.00	J1100 – Injection, Dexamethasone Sodium Phosphate
35	3/14/2018	DS	Medicare	\$1650.00	64635 – Destruction of lower or sacral spine facet joint
36	3/14/2018	DS	Medicare	\$2475.00	64636 – Destruction of lower or sacral spine facet joint

All in violation of Title 18, United States Code, Section 1347 and Title 18, United States Code, Section 2.

COUNTS 37 - 42
Health Care Fraud, Aid and Abetting
(18 U.S.C. §§ 1347, 2)

D-6 DR. RONALD KUFNER

39. On or about the dates set forth below, in the Eastern District of Michigan, the Defendant, DR. RONALD KUFNER, did knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, Medicare, Medicaid and Blue Cross, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services.

Purpose of the Scheme and Artifice

40. It was the purpose of the scheme and artifice for the Defendant DR. RONALD KUFNER to unlawfully enrich himself and his accomplices, by, among other things, (a) prescribing prescription opioids and other controlled substances to induce patients to attend reoccurring office visits; (b) prescribing prescription opioids and other controlled substances to induce patients to undergo unnecessary

medical procedures; (c) submitting false and fraudulent claims to Medicare, Medicaid and Blue Cross for services and medical devices that were medically unnecessary, not eligible for reimbursement, and/or not provided as represented; (d) referring or causing the referral of patients, or ordering or causing the ordering of testing, by other providers, including MRI companies and diagnostic laboratories, where the services were medically unnecessary, not eligible for reimbursement, and/or not provided as represented; (e) concealing the submission of false and fraudulent claims to Medicare, Medicaid and Blue Cross, and the receipt and transfer of the proceeds from the fraud; and (f) diverting proceeds of the fraud for the personal use and benefit of the defendants.

Acts in Execution of the Scheme and Artifice

41. In execution of the scheme and artifice, Defendant DR. RONALD KUFNER submitted or caused the submission of claims to the identified federal health program for services that were medically unnecessary, not eligible for reimbursement, and/or not provided as represented, including but not limited to, the following:

COUNT	PURPORTED DATE OF SERVICE	PATIENT	FEDERAL HEALTH PLAN	AMOUNT BILLED	DESCRIPTION OF PURPORTED SERVICE
37	5/28/2014	MG	Medicare	\$900.00	64493 – Injections of lower or sacral spine facet joint
38	5/28/2014	MG	Medicare	\$550.00	64494 – Injections of lower or sacral spine facet joint
39	5/28/2014	MG	Medicare	\$930.00	64495 – Injections of lower or sacral spine facet joint
40	11/30/2016	DS	Medicare	\$2750.00	64493 – Injections of lower or sacral spine facet joint
41	11/30/2016	DS	Medicare	\$1375.00	64494 – Injections of lower or sacral spine facet joint
42	11/30/2016	DS	Medicare	\$1375.00	64495 – Injections of lower or sacral spine facet joint

All in violation of Title 18, United States Code, Section 1347 and Title 18,
United States Code, Section 2.

COUNT 43
Conspiracy to Distribute and
Possess with Intent to Distribute Controlled Substances
(21 U.S.C. § 846, 21 U.S.C. § 841(a)(1))

D-1 DR. RAJENDRA BOTHRA
D-2 DR. ERIC BACKOS
D-3 DR. GANIU EDU
D-4 DR. DAVID LEWIS
D-5 DR. CHRISTOPHER RUSSO
D-6 DR. RONALD KUFNER

42. Beginning in or about January 2013 and continuing as to some conspirators until on or about the date of this Indictment, in the Eastern District of Michigan, the defendants, DR. RAJENDRA BOTHRA, DR. ERIC BACKOS, DR. GANIU EDU, DR. DAVID LEWIS, DR. CHRISTOPHER RUSSO and DR. RONALD KUFNER did knowingly, intentionally and unlawfully combine, conspire, confederate and agree with each other, as well as other persons not named in this Indictment, to commit offenses against the United States, that is, to knowingly, intentionally and unlawfully distribute and possess with intent to distribute controlled substances, including but not limited to, the Schedule II opioids oxycodone (Oxycontin, Percocet, Roxicodone, Endocet), oxymorphone (Opana), hydrocodone (Vicodin, Norco, Lorcet, Lortab) and hydromorphone (Dilaudid). These prescription opioids were distributed outside the usual course of professional

medical practice, all in violation of Title 21, United States Code, Sections 846, 841(a)(1).

COUNTS 44-46

**Unlawful Distribution of Controlled Substances, Aiding and Abetting,
(21 U.S.C. § 841(a)(1), 18 U.S.C. § 2)**

D-1 DR. RAJENDRA BOTHRA

43. On or about the dates set forth below, in the Eastern District of Michigan, the Defendant, DR. RAJENDRA BOTHRA, did knowingly, intentionally and unlawfully distribute controlled substances in violation of 21 U.S.C. § 841(a)(1). These controlled substances were distributed outside the usual course of professional medical practice, including but not limited to the following:

COUNT	ON OR ABOUT DATE	PATIENT	CONTROLLED SUBSTANCE	DOSAGE UNIT
44	5/6/2014	GR	HYDROCODONE-ACETAMINOPHEN	90
45	11/11/2017	VL	HYDROCODONE-ACETAMINOPHEN	120
46	11/25/2017	VL	HYDROCODONE-ACETAMINOPHEN	90

All in violation of Title 21, United States Code, Section 841(a)(1), and Title 18, United States Code, Section 2.

COUNTS 47-50**Unlawful Distribution of Controlled Substances, Aiding and Abetting,
(21 U.S.C. § 841(a)(1), 18 U.S.C. § 2)****D-2 DR. ERIC BACKOS**

44. On or about the dates set forth below, in the Eastern District of Michigan, the Defendant, DR. ERIC BACKOS, did knowingly, intentionally and unlawfully distribute controlled substances in violation of 21 U.S.C. § 841(a)(1). These controlled substances were distributed outside the usual course of professional medical practice, including but not limited to the following:

COUNT	ON OR ABOUT DATE	PATIENT	CONTROLLED SUBSTANCE	DOSAGE UNIT
47	3/4/2014	JG	HYDROCODONE-ACETAMINOPHEN	30
48	3/4/2014	JG	SUBOXONE	45
49	5/2/2014	JG	HYDROCODONE-ACETAMINOPHEN	120
50	6/27/2014	JG	OXYCODONE-ANCETAMINOPHEN	120

All in violation of Title 21, United States Code, Section 841(a)(1), and Title 18, United States Code, Section 2.

COUNTS 51 - 52**Unlawful Distribution of Controlled Substances, Aiding and Abetting,
(21 U.S.C. § 841(a)(1), 18 U.S.C. § 2)****D-3 DR. GANIU EDU**

45. On or about the dates set forth below, in the Eastern District of Michigan, the Defendant, DR. GANIU EDU, did knowingly, intentionally and unlawfully distribute controlled substances in violation of 21 U.S.C. § 841(a)(1). These controlled substances were distributed outside the usual course of professional medical practice, including but not limited to the following:

COUNT	ON OR ABOUT DATE	PATIENT	CONTROLLED SUBSTANCE	DOSAGE UNIT
51	2/7/2015	GR	HYDROCODONE-ACETAMINOPHEN	90
52	5/29/2018	AP	HYDROCODONE - ACETAMINOPHEN	60

All in violation of Title 21, United States Code, Section 841(a)(1), and Title 18, United States Code, Section 2.

COUNT 53**Unlawful Distribution of Controlled Substances, Aiding and Abetting,
(21 U.S.C. § 841(a)(1), 18 U.S.C. § 2)****D-4 DR. DAVID LEWIS**

46. On or about the dates set forth below, in the Eastern District of Michigan, the Defendant, DR. DAVID LEWIS, did knowingly, intentionally and unlawfully distribute controlled substances in violation of 21 U.S.C. § 841(a)(1). These controlled substances were distributed outside the usual course of professional medical practice, including but not limited to the following:

COUNT	ON OR ABOUT DATE	PATIENT	CONTROLLED SUBSTANCE	DOSAGE UNIT
53	6/26/2018	AP	HYDROCODONE- ACETAMINOPHEN	60

All in violation of Title 21, United States Code, Section 841(a)(1), and Title 18, United States Code, Section 2.

COUNT 54**Unlawful Distribution of Controlled Substances, Aiding and Abetting,
(21 U.S.C. § 841(a)(1), 18 U.S.C. § 2)****D-5 DR. CHRISTOPHER RUSSO**

47. On or about the dates set forth below, in the Eastern District of Michigan, the Defendant, DR. CHRISTOPHER RUSSO, did knowingly,

intentionally and unlawfully distribute controlled substances in violation of 21 U.S.C. § 841(a)(1). These controlled substances were distributed outside the usual course of professional medical practice, including but not limited to the following:

COUNT	ON OR ABOUT DATE	PATIENT	CONTROLLED SUBSTANCE	DOSAGE UNIT
54	3/14/2018	DS	HYDROCODONE-ACETAMINOPHEN	90

All in violation of Title 21, United States Code, Section 841(a)(1), and Title 18, United States Code, Section 2.

COUNTS 55 - 56

**Unlawful Distribution of Controlled Substances, Aiding and Abetting,
(21 U.S.C. § 841(a)(1), 18 U.S.C. § 2)**

D-6 DR. RONALD KUFNER

48. On or about the dates set forth below, in the Eastern District of Michigan, the Defendant, DR. RONALD KUFNER, did knowingly, intentionally and unlawfully distribute controlled substances in violation of 21 U.S.C. § 841(a)(1). These controlled substances were distributed outside the usual course of professional medical practice, including but not limited to the following:

COUNT	ON OR ABOUT DATE	PATIENT	CONTROLLED SUBSTANCE	DOSAGE UNIT
55	11/30/2016	DS	HYDROCODONE-ACETAMINOPHEN	120
56	6/11/2014	MG	HYDROCODONE - ACETAMINOPHEN	120

All in violation of Title 21, United States Code, Section 841(a)(1), and Title 18, United States Code, Section 2.

CRIMINAL FORFEITURE

(21 U.S.C. § 853; 18 U.S.C. § 981(a)(1)(C)
and 28 U.S.C. § 2461; 18 U.S.C. § 982(a)(7))

49. The allegations contained in Count 1-48 of this Indictment are re-alleged and incorporated by reference as though fully set forth herein for the purpose of alleging forfeiture against the defendants pursuant to Title 18, United States Code, Sections 981 and 982, Title 21, United States Code, Section 853, and Title 28, United States Code, Section 2461.

50. Pursuant to Title 18, United States Code, Section 981(a)(1)(C), together with Title 28, United States Code, Section 2461, upon being convicted of the crime charged in Count 1 of this Indictment, the convicted defendant(s) shall forfeit to the

United States any property, real or personal, which constitutes or is derived from proceeds traceable to the commission of the offense.

51. Pursuant to Title 18, United States Code, Section 982(a)(7), upon being convicted of the crimes charged in Counts 1 through 42 of this Indictment, the convicted defendant(s) shall forfeit to the United States any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense.

52. Pursuant to Title 21, United States Code, Section 853, upon being convicted of the crime charged in Counts 43 through 56 of this Indictment, the convicted defendant(s) shall forfeit to the United States any (1) any property constituting, or derived from, any proceeds the person obtained, directly or indirectly, as the result of such violation; (2) any of the person's property used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of, such violation.

53. Money Judgment: Such property includes but is not limited to, a forfeiture money judgment against the defendant(s) in an amount to be determined, representing the total value of all property of value subject to forfeiture, as described herein.

54. Substitute Assets: If the property described above as being subject to forfeiture, as a result of any act or omission of the defendants:

- a. cannot be located upon the exercise of due diligence;
- b. has been transferred or sold to, or deposited with, a third party;
- c. has been placed beyond the jurisdiction of the Court;
- d. has been substantially diminished in value; or
- e. has been commingled with other property that cannot be subdivided without difficulty;

it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p) as incorporated by Title 18, United States Code, Section 982(b) and/or Title 28, United States Code, Section 2461, to seek to forfeit any other property of DR. RAJENDRA BOTHRA, DR. ERIC BACKOS, DR. GANIU EDU, DR. DAVID LEWIS, DR. CHRISTOPHER RUSSO and DR. RONALD KUFNER up to the value of such property.

THIS IS A TRUE BILL

s/GRAND JURY FOREPERSON

MATTHEW SCHNEIDER
United States Attorney

s/WAYNE F. PRATT
CHIEF, Health Care Fraud Unit
Assistant United States Attorney

s/BRANDY R. McMILLION
Assistant United States Attorney
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Detroit, MI 48226
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Email: brandy.mcmillion@usdoj.gov

Dated: December 4, 2018

United States District Court
Eastern District of Michigan

Criminal Case Co

Case:2:18-cr-20800
Judge: Murphy, Stephen J.
MJ: Patti, Anthony P.
Filed: 12-04-2018 At 03:33 PM
SEALED MATTER (dat)

NOTE: It is the responsibility of the Assistant U.S. Attorney signing this form to con

Companion Case Information	Companion Case Number:
This may be a companion case based upon LCrR 57.10 (b)(4) ¹ :	Judge Assigned:
☐ Yes ☒ No	AUSA's Initials:

Case Title: USA v. RAJENDRA BOTHRA, et al.

County where offense occurred : MACOMB

Check One: ☒ Felony ☐ Misdemeanor ☐ Petty

☒ Indictment/ ☐ Information --- no prior complaint.
☐ Indictment/ ☐ Information --- based upon prior complaint [Case number: _____]
☐ Indictment/ ☐ Information --- based upon LCrR 57.10 (d) [Complete Superseding section below].

Superseding Case Information

Superseding to Case No: _____ Judge: _____

- ☐ Corrects errors; no additional charges or defendants.
☐ Involves, for plea purposes, different charges or adds counts.
☐ Embraces same subject matter but adds the additional defendants or charges below:

Defendant name

Charges

Prior Complaint (if applicable)

Please take notice that the below listed Assistant United States Attorney is the attorney of record for the above captioned case.

December 4, 2018
Date

s/BRANDY R. MCMILLION
 BRANDY R. MCMILLION
 Assistant United States Attorney
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 Attorney Bar #: P69838

¹ Companion cases are matters in which it appears that (1) substantially similar evidence will be offered at trial, or (2) the same or related parties are present, and the cases arise out of the same transaction or occurrence. Cases may be companion cases even though one of them may have already been terminated.