

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130
Mailing Address: Post Office Box 30250, New Orleans, LA 70190-0250
www.lsbme.la.gov



Department of Investigations
Telephone: (504) 568-6820
FAX: (504) 568-5754

No. 14-I-795

IN THE MATTER OF:

ESTEBAN ALBERTO MARTINEZ, JR., M.D.

(Certificate No. 0988R)

Respondent

**INTERIM
CONSENT ORDER**

This matter is before the Louisiana State Board of Medical Examiners (the "Board") in connection with an ongoing and pending investigation conducted by the Investigating Officer of the Board regarding Esteban Alberto Martinez, Jr., M.D. ("Dr. Martinez"), a physician who at all pertinent times has been licensed and engaged in the practice of internal medicine in and around Lafayette, Louisiana.

Apparently reliable information gathered to date indicates that Dr. Martinez, who suffers from a recurring dependency to mood-altering substances, had a return to use. He entered a treatment facility and during the course of his evaluation, Dr. Martinez was felt to be suffering from cognitive difficulties. He was not been cleared to return to the practice of medicine and it is the opinion of his treating professionals that Dr. Martinez should refrain from practice for a period of one year during which time he should undergo further work-up and testing.

Predicated upon the information outlined above, the Investigating Officer assigned by the Board with respect to this matter has determined that reasonable cause exists for recommending that a formal Administrative Complaint be filed against Dr. Martinez, charging him with violation of the Louisiana Medical Practice Act (the "Act"), pursuant to La. Rev. Stat. §§ 37:1285(A)(5) and (25).¹

¹ La. Rev. Stat. §37:1285(A) provides that the Board may take action against the licensee or applicant who has been found guilty of conduct which has endangered or is likely to endanger the health, welfare, or safety of the public, to include: (5) 'Habitual or recurring abuse of drugs, including alcohol, which affect the central nervous system and which are capable of inducing physiological or psychological dependence;' and (25) 'Inability to practice medicine with reasonable competence, skill, or safety to patients because of mental or physical illness or deficiency, including but not limited to deterioration through the aging process or excessive use or abuse of drugs, including alcohol.'

As evidenced by his subscription hereto, Dr. Martinez acknowledges the right to have written notification of any charges that may be asserted, as well as the right to have evidence of such charges asserted during an administrative hearing at which time he will be entitled to be represented by legal counsel, to call witnesses and to present evidence in defense or in mitigation of the charges made, and to a decision thereon by the Board based upon written findings of fact and conclusions of law, pursuant to La. Rev. Stat. §§49:951, *et seq.* Irrespective of such rights, Dr. Martinez, nonetheless, hereby consents to the indefinite suspension of his license to practice medicine in this state, with reinstatement thereof subject to the terms and conditions of this Order. By his subscription hereto, Dr. Martinez authorizes the Investigating Officer designated by the Board with respect hereto to present this Interim Consent Order to the Board for its consideration and to fully discuss with and disclose to the Board the nature and extent of such charges and he waives any objection to such disclosures under La. Rev. Stat. §49:960. Dr. Martinez expressly acknowledges that disclosure of such information to the Board by the Investigating Officer shall be without prejudice to the Investigating Officer's authority to prosecute administrative charges which may be filed in this matter following completion of the current investigation or to the Board's capacity to adjudicate such charges.

Accordingly, in consideration of the foregoing and pursuant to the authority vested in the Board by La. Rev. Stat. §37:1285 and La. Rev. Stat. §49:955(D);

IT IS ORDERED that the license of Esteban Alberto Martinez, Jr., M.D. to engage in the practice of medicine in the State of Louisiana, as evidenced by Certificate No.09088R, be and the same is hereby, effective as of the date hereof, **INDEFINITELY SUSPENDED**.

IT IS FURTHER ORDERED that Esteban Alberto Martinez, Jr., M.D. shall not practice medicine in any form in the State of Louisiana until and unless the Board issues and serves a written decision reinstating his license to practice following: (1) receipt of satisfactory documentation affirming that Dr. Martinez's treating physicians/professionals have determined that he is capable of returning to practice with skill and safety to patients; (2) a meeting at the Board office with the Investigating Officer; (3) the conclusion of the pending investigation by administrative hearing and final decision of the Board on any charges that may be filed in these proceedings; alternatively, (4) by the Board's acceptance of a Consent Order or other order or recommendation respecting disposition of such charges and investigation.

IT IS FURTHER ORDERED that any violation or failure of strict compliance with any of the terms, conditions or restrictions set forth by this Order by Dr. Martinez shall be deemed adequate and sufficient cause, upon proof of such violation or failure, for the revocation and cancellation of Dr. Martinez's license to practice medicine in the State of Louisiana or for such other action as the Board may deem appropriate, as if such violations were enumerated among the causes provided in La. Rev. Stat. § 37:1285.

IT IS FURTHER ORDERED that this Interim Consent Order shall be, and shall be deemed to be, a public record.

New Orleans, Louisiana, this 16th day of March, 2015.

**LOUISIANA STATE BOARD
OF MEDICAL EXAMINERS**

BY: Mark H. Dawson
MARK H. DAWSON, M.D.
President

**ACKNOWLEDGMENT
AND CONSENT**

STATE OF LOUISIANA
PARISH OF _____

I, ESTEBAN ALBERTO MARTINEZ, JR., M.D., hereby acknowledge, approve, accept and consent to entry of the above and foregoing Order, this 2 day of February, 2015.



ESTEBAN ALBERTO MARTINEZ, JR., M.D.

WITNESSES:

Signature

Signature

Printed Name

Printed Name

Address

Address

City, State, Zip Code

City, State, Zip Code

Sworn to and subscribed before me at _____, Louisiana, this _____ day of _____, 2015, in the presence of the two stated witnesses.

Notary Public (Signature)

Printed Name/Notary #