

CHRISTINE CRAIG

Female DOB: 01/29/1959

162173

Home: (323) 501-1060
Ins: Medicare Southern Region

10/16/2023 - Office Procedure: EMG

Provider: Lingaiah Janumpally MD

Location of Care: Antelope Valley Neuroscience Medical Group

History:

Thank you for referral Dr. Richard Nussbaum

63-year-old very pleasant female with a history of hypertension, diabetes mellitus, anterior cervical discectomy and fusion at C5-C6 and C6-C7 in the past

Patient claimed that she had a Worker's Comp. claim many years ago when she was working for the school district as a schoolteacher

She fell down and claimed a Worker's Compensation injury eventually she had neck surgery between the C5-C6 and C6-C7 anterior cervical discectomy and the fusion

Now comes with a neck pain radiating down to both upper extremities causing tingling, numbness, paresthesias

Patient is here for EMG/NCV both upper extremities

PMH

1. Diabetes mellitus
2. Hypertension
3. History of Worker's Compensation injury
4. Patient has retired long time ago due to the claim to Worker's Compensation

Medications

1. Patient takes blood pressure medication, insulin, various other medications

Neurological examination showed neck flexion and extension limited due to the fusion, unremarkable for Lhermitte and Spurling, handgrip is symmetric, motor, sensory, cerebellar normal, no myelopathy

1. Both median nerve conductions normal
2. There is evidence of ulnar neuropathy across the left elbow
3. Both radial nerve conduction normal
4. Right ulnar nerve conduction normal
5. Both median F-wave latencies are normal
6. EMG of both upper extremity abnormal showing moderately advanced bilateral C4 and C5 radiculopathy with acute and superimposed chronic denervation's
7. Paraspinal muscles between the C3-C4 and C4-C5 showed acute denervation's

EMG STUDIES

Upper Extremities

	POS. WAVES	FIBS	FASC	MOTOR UNITS RECRUITMENT
RIGHT ARM				
Abductor Pollicis Brevis (APB)	-	-	-	N
First Dorsal Interossei (FDI)	-	-	-	N
Extensor Digitorum Brevis (EDB)	-	-	-	N
Pronator Teres	-	-	-	N
Ext Carpi Radialis	-	-	-	N

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Biceps PP	+	-	-	N
Triceps	-	-	-	N
Deltoid PP	+	-	-	N
Supraspinatus PP	+	-	-	N
Infraspinatus	-	-	-	N
Pectoralis Major	-	-	-	N
Cervical paraspinal				
C1-C2	-	-	-	N
C2-C3	-	-	-	N
C3-C4	+	+	-	N
C4-C5	+	-	-	N
C5-C6	-	-	-	N
C6-C7	-	-	-	N
C7-C8	-	-	-	N

LEFT ARM

Abductor Pollicis Brevis (APB)	-	-	-	N
First Dorsal Interossei (FDI)	-	-	-	N
Extensor Digitorum Brevis (EDB)	-	-	-	N
Pronator Teres	-	-	-	N
Ext Carpi Radialis	-	-	-	N
Biceps PP	+	-	-	N
Triceps	-	-	-	N
Deltoid PP	-	-	-	N
Supraspinatus P	+	-	-	N
Infraspinatus	+	-	-	N
Pectoralis Major	+	-	-	N
Cervical paraspinal				
C1-C2	-	-	-	N
C2-C3	-	-	-	N
C3-C4	+	-	-	N
C4-C5	+	-	-	N
C5-C6	-	-	-	N
C6-C7	-	-	-	N
C7-C8	-	-	-	N

IMPRESSION:

Thank you for referral Dr. Richard Nussbaum

1. Both median nerve conduction normal
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FINAL IMPRESSION

1. The study showed moderately advanced bilateral C4 and C5 radiculopathy with acute and superimposed chronic denervation's
2. The study also showed in addition there is evidence of ulnar neuropathy across the left elbow
3. No evidence of carpal tunnel, peripheral neuropathy in both upper extremities

Thank you for referral

Electronically signed by Lingaiah Janumpally MD on 10/17/2023 at 10:42 AM
