

March 27, 2018

To whom it May Concern:

Dr Leon margolin has asked me to review and comment upon the policies and procedures in his practice regarding neuromuscular electrodiagnostic (more commonly referred to as EMG) studies, their role in evaluating patients with chronic pain, and their appropriateness as part of patient care. I have reviewed these policies in detail.

I am a Board-certified physiatrist with more than 40 years of clinical experience, which has included performance of and interpretation of electrodiagnostic testing. I have several publications in this area as part of my Curriculum Vitae. As a clinician who sees many patients with chronic pain associated with motor and/or sensory symptoms in arms and legs, nerve conduction and needle electromyography are invaluable to objectively document the presence or absence of pathology involving the peripheral nervous system, including nerve root compression, plexus lesions, or peripheral neuropathies. In the case of patients with suspected cervical or lumbar disc herniations, these studies are complementary with MRI scans: the latter documents the anatomical location of the problem, while EMG clarifies its severity in terms of muscle denervation. It is entirely appropriate to utilize both of these diagnostic tests when evaluating patients with chronic pain, since they provide objective confirmation of the subjective symptoms of pain. A physician with thorough training in the performance and interpretation of nerve conduction/EMG studies, such as Dr margolin, provides valuable clinical data for such patients. I can attest to his competence in these areas since he did his residency training at Montefiore MedicalCenter, where I have been working for the past 21 years.

Yours truly,

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