

## Case Study 5: Chronic Low Back Pain

A 46-year-old female, well-known author and celebrity has had long-standing and progressive worsening chronic lower back pain. The patient has failed all conservative management. She has had pain overlying the lumbosacral spine and the left sacroiliac joint. She has had countless physical therapists and manual therapy practitioners directing manual therapy to what was thought to be chronic SI joint pain for years. Patient now unable to participate in her recreational activities of interest and is having trouble doing a gym-based exercise program.

We suspected that the sacroiliac joint was not the source of pain and that she was experiencing a “pseudo-sacroiliac” joint pain phenomenon caused by a tear in her L4-L5 disc. We performed an analgesic discography of L4-L5 disc which demonstrated a symptomatic annular tear. Patient’s left SI joint symptoms resolved completely during the anesthetic phase of the L4-L5 intradiscal injection. The patient underwent an intradiscal injection procedure developed by our research team. This involved the injection of a proprietary collagen and extracellular matrix scaffolding as well as a modified fibrin glue as well as a proprietary stem cell injection prep with necessary, growth factors and peptides.

The patient had normal post-procedural recovery period, and at four weeks the patient was experiencing significant improvement. At eight weeks patient had almost complete resolution of low back pain except for residual pain overlying the right sacroiliac joint. A PRP injection was performed directed to the right SI joint which resolved the SI joint symptoms. Patient is now in a gym-based exercise program and participating in her recreational activities she enjoys. Patient is now reporting this has “changed my life.”

This patient had already failed chiropractic, osteopathic, and physical therapy treatment. Pain medications and pharmaceutical pain management did not keep the patient’s symptoms under control. Corticosteroid injections would have been of no benefit. Since the patient’s pain was secondary to discogenic pain with a partial contribution from the sacroiliac joint interventions such as radiofrequency neural ablation procedures would have been ineffective. What choice would this patient have had without this innovative approach? The criticism would be that we are utilizing investigational techniques. All of the techniques that we use are for the most part “investigational.” Despite the fact PRP injections directed to arthritic joints, tendons and ligaments are used by thousands of physicians worldwide, this technique is still considered “investigational.” The critical factor is that we began with a persistent diagnosis and an in-depth understanding of the pathophysiology involved in the patient’s clinical presentation. We select what we feel is the best approach that science and technology has to offer. This requires that we remain up to date with the constantly changing science and technology in this field. We accomplish this by tireless efforts of multiple physicians within the IROM Consortium.