

# Pinched Nerve and Sciatica



“You can’t be a farmer with a bad back... Thanks to Dr. Singh, I have my life back.”

**Clint Van Oss**, a **Crystal Falls** resident, developed debilitating pain in the back of his leg in 1994, after working on carpentry projects around the house the previous day. On this particular spring morning, Clint awoke to pain which was so intense that he could barely get out of bed. When he did manage to force himself upright, he experienced a sharp, shooting pain down the back of his leg and tingling in the toes of his left foot.

He immediately consulted with his family physician, who referred him to a neurosurgeon without delay. The neurosurgeon ordered an X-ray and a CT-scan which indicated disc protrusions at L3/4 and L4/5 with

nerve compression at L5/S1. Though Clint was in a great deal of pain, surgery was not recommended at that time. Clint was prescribed a medication to alleviate the pain and advised to rest for a few days.

Clint initially found relief with this conservative treatment, however the pain eventually returned.

Additionally, because his pain medication made him sleepy and nauseous, he was forced to discontinue use before returning to work as a prehauler in the woods after a seasonal lay-off.

During the next three years, Clint experienced intermittent flare-ups of pain, especially in the Spring. In May of 1997, he experienced a particularly painful flare-up. His sister, a nurse at Pain Diagnostics Associates, recommended that he be seen by Dr. Singh a specialist in interventional pain management.

During the consultation, Dr. Singh carefully considered Clint’s symptoms as well as his previous CT-scan report. Because of the nerve compression demonstrated at L5/S1, Dr. Singh chose to perform an **epidural steroid injection** to reduce the inflammation in the lower portion of the back. Clint experienced immediate pain relief which lasted for 3 years. After this period he experienced another flare-up and returned to Pain Diagnostics Associates for treatment.

Since 6 years had passed since any diagnostic tests were conducted, an MRI was ordered. The MRI showed a much larger disc herniation at L5/S1 than had been seen in the CT-scan, indicating that the herniation had progressed and was once again causing nerve compression.

He underwent two additional epidural injections was able to return to work pain free.