# RSD Case Study

## Patient Summary
Patient is a 16 year old cheerleader with a previous knee injury. During cheerleading practice the patient broke her back trying to catch another cheerleader. Subsequently, her knee injury was re-aggravated and RSD developed.

## Diagnostics
- May 6: Head CT, EKG, Chest X-ray
- May 9: Back MRI
- May 10: Brain MRI, Echocardiogram, Doppler Leg MRI
- June 22: MRI of knee and back

## Pain Related Seizures
- May 6
- May 10
- May 13
- June 8
- June 9
- June 13
- June 17
- June 30
- July 19
- August 24
- August 25

## Sympathetic Nerve Block
- May 18
- June 13
- July 19
- July 25

## Prescription Drugs
- Starting in May of 2005, the patient was on 100mg per day of Neurontin.
- By June of 2005, Neurontin was increased to 900mg per day.
- By September of 2005, Hydrocodone/Ibuprofen and Concerta were added to her Neurontin for a monthly drug cost of $500.
- By October 16 of 2005, during her InterX 5000 treatments, all medications were eliminated.

## Potential Cost Savings
From the time of the patient’s first pain related seizure on May 6, 2005, until she began receiving InterX 5000 treatment, her medical bills totaled $95,000.

If the InterX 5000 was prescribed when RSD was first diagnosed on May 14, 2005, $52,000 in medical expenses related to nerve block injections and seizure related emergency costs could have been avoided.

The inclusion of the InterX 5000 into the patient’s treatment for pain has eliminated the spinal cord simulator surgery scheduled for September of 2005 for an estimated savings of $30,000.

September 1
- Spinal cord stimulator surgery scheduled

October 16
- Spinal cord stimulator surgery CANCELLED

November 7
- Linsey returns to school as a full time student