

**REHAB CHALLENGE**

A 50 year male patient presented with severe non inflammatory low back pain with radiation to right lower limb which was not responded with conservative treatment. That's why he attended PMR OPD for further management and his VAS was 9/10. He was also facing difficulty to perform his daily jobs even basic ADLs. At that time he had right L5 S1 sensory radiculopathy without any motor deficit. His SLR was 20 degree in right side and left side was 70 degree. We advised him to use lumbo sacral orthosis, Mackenzies centralization technique and neural tension release with analgesics . He was further advised to go for MRI of lumbo sacral Spine (fig 1). His MRI showed L5 S1 PIVD with neural formainal narrowing on right side along with spinal canal narrowing. After that he was treated with right side selective nerve root block at L5 S1 level. Initial response was very good for 48 hours after the block. There after severe low back pain started which was not responded by analgesics and muscle relaxants.

**Fig 1****Fig 2**

Then the patient was re admitted and treated with intra venous cephalosporin. Although he was afebrile but his WBC count was 23000 along with very high ESR and CRP with deranged LFT His blood culture and urine culture was negative. That's why a repeat MRI of LS spine (Fig 2)done which showed edema of psoas muscle. There after moxifloxacin was added along with other treatment and he showed partial response even after 5 days.

Please opine regarding further management plan.