



# Midwest Pain Institute

## BACK TO THE FUTURE

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Carmel, IN  
Permit No. 690



Conveniently located in  
Avon - Carmel - Kokomo - Mooresville

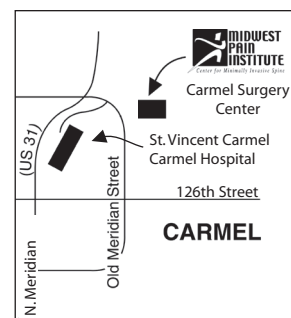
We specialize in the diagnosis and treatment of individuals suffering from acute or chronic back or spinal pain. Our goal is to relieve pain and return the patient to a more active and enjoyable lifestyle.

For more information or to schedule an appointment at one of our four convenient locations please call or log on to our website at

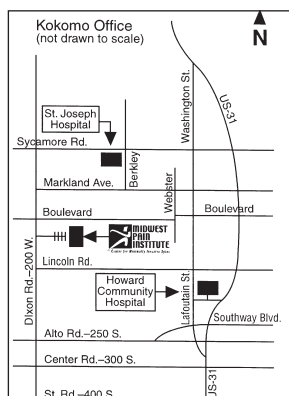
[www.midwestpain.net](http://www.midwestpain.net)



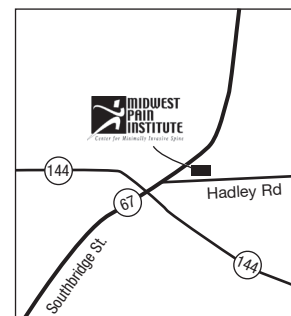
**AVON**  
1115 Ronald Reagan Parkway  
Suite 235  
p 317-272-3880  
f 317-272-9068  
(Clarian West Professional Center)



**CARMEL**  
13421 Old Meridian Suite 205  
p 317-815-8950  
f 317-815-8951  
(Carmel Surgery Center)



**KOKOMO**  
2302 S. Dixon Road Suite 150  
p 765-453-0506  
f 765-453-0878  
(Kokomo Medical Office Park)



**MOORESVILLE**  
1001 Hadley Road Suite 102  
p 317-272-3880  
f 317-272-9068

Midwest Pain Institute  
13421 Old Meridian, Suite 190  
Carmel, Indiana 46032



Steven Levine, MD is board certified in Anesthesia and Pain Management by the following:

American Board of Anesthesiology with subspecialty certification in Pain Management.

American Board of Pain Medicine.

American Board of Minimally Invasive Spinal Medicine and Surgery.

Words from

### Dr. Steven Levine

Upon celebrating the 5 year anniversary of Midwest Pain Institute, I want to take this opportunity to thank all the referring physicians and providers who have helped to make MPI successful. We are pleased to be able to care for so many of your patients who are suffering from back and spine-related pain. When we started 5 years ago with one office, a nurse and a couple of experienced office staff, I envisioned expanding to provide care to underserved areas of central Indiana. Subsequently we've brought on two new physicians in Drs. Bill Hall and Markus Niedzwanger, and opened two new full-time offices in Kokomo and Avon and a satellite clinic in Mooresville. We are also able to utilize nurse practitioner, Bonnie Neff, and Physician Assistant, Jeremiah Lewis, to provide a higher level of care for patients in monitoring their progress, managing medications and guiding rehabilitation efforts, while giving better service to referring physicians.

I am proud to say that we offer the latest advances in minimally invasive pain procedures for the diagno-

sis and treatment of back pain for our patients, along with a courteous staff and pleasant environment. At Midwest Pain Institute, we meet regularly to discuss ways to improve service to our customers while also being more efficient in our day-to-day operation of the practice. Besides giving good medical care, I believe one of the keys to our success is the ability to see patients promptly so they don't have to wait many weeks or longer to see a doctor, as happens far too often with some medical specialties. Our goal continues to be providing lasting relief from the suffering caused by acute and chronic back pain and returning people to a more active and enjoyable lifestyle.

In the years to come, we look forward to improving our overall efficiency and service to you while providing a high standard of care for patients. Thanks again to all those who have supported us over the last 5 years- we could not have done it without your faith and confidence in Midwest Pain Institute. ■

### Introducing Jeremiah Lewis

Jeremiah (aka Jay) Lewis is a native of Virginia. He attended Virginia Tech before moving in 1999 to Indianapolis. He is a graduate of Butler University's Physician Assistant program and has over 3 years experience as a PA specializing in pain management.

Jay returned to Indiana to join Midwest Pain Institute after practicing pain management in hurricane prone south Florida. He's glad to be back, closer

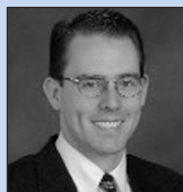
to friends and family, and farther from tropical weather. Jay has been married for 3 years to an exceptionally lovely woman. He has two cats and enjoys baseball, speculative fiction, singing (he knows the lyrics to literally hundreds of popular- and not so popular-songs) and pie. One day he would love to visit Scotland and Australia. ■

### What is Pain Management?

Interventional Pain Management is the use of precision, state of the art, minimally invasive techniques and procedures for the treatment of painful conditions. New therapies represent a more immediate and lasting form of relief to patients than drugs, physical therapy, or chiropractic manipulation alone. These therapies often offer an alternative to costly and more invasive back surgeries.

866.815.8950

[www.midwestpain.net](http://www.midwestpain.net)



William Hall, MD is board certified in Physical Medicine & Rehabilitation and Pain Management

Interventional Spine

Musculoskeletal Medicine

EMG/NCS

Words from

## Dr. William Hall

A physiatrist is a physician specializing in physical medicine and rehabilitation (PM&R). The field began in the WWII era after there was a strong need for physicians to care for the soldiers who sustained war injuries. A multitude of problems are cared for by physiatrists including back and joint pain, head trauma, spinal cord injury, stroke, amputation, and cardiopulmonary rehab. Various nerve and muscle disorders are cared for as well including carpal tunnel syndrome, post-polio, nerve entrapments, and muscular dystrophies.

To become a physiatrist, individuals must successfully complete four years of residency training. There are 80 accredited residency programs in physical medicine and rehabilitation in the United States.

As a physiatrist trained in interventional spine, we treat back and neck pain with and without radicular features to restore function and minimize pain to al-

low a person to continue to live their lives. With this goal in mind, we adapt our treatments based on patient complaints. Frequently, we use interventional treatments to minimize pain thus allowing physical therapy to make more gains. We may also elect to utilize assistive devices, LSO's (lumbosacral orthosis), TENS units, or muscle stimulators in combination with various medication to help the patient.

While treating our patients, we often find ourselves treating other musculoskeletal pain complaints that complicate the overall picture. Pain in the shoulder that turns out to be a bursitis or rotator cuff tear, the hip/knee pain from osteoarthritis or the leg length discrepancy that is causing pelvic pain/low back pain.

While pain can be difficult to cure, there are ways of minimizing pain complaints and getting people back to a relatively productive life style with improvement in their quality of life. ■



Markus Neiderwanger, MD is board certified in Physical Medicine & Rehabilitation and Pain Medicine

Musculoskeletal Medicine

Interventional Spine

Words from

## Dr. Markus Neiderwanger

Spinal cord stimulation (SCS) is an advanced pain treatment option for a selected group of patients with specific conditions. The goal is to increase the patient's quality of life and enable the return to a more normal lifestyle. Proper patient selection is essential to the long term success. SCS is used for patients who have failed all reasonable conservative care including appropriate diagnostic, therapeutic and rehabilitative techniques.

Typical indications for SCS in the United States include chronic radiculopathy, failed back surgery syndrome (low back pain after surgical procedures), severe neuropathic pain, and complex regional pain syndrome (RSD). In Europe, SCS is also frequently used for peripheral vascular disease and angina that are not amenable to medical therapy.

The first paper on spinal cord stimulation was published in 1967, and since then major improvements

in components, software and implantation techniques have become available. Components of a spinal cord stimulation system include an implantable pulse generator as a power source and leads with electrodes. Spinal cord stimulation includes placement of the electrode leads in the epidural space close to the spinal cord and uses low levels of electrical energy to interrupt the sensation of pain traveling up the spinal cord.

After careful selection, potential patients undergo a temporary placement of electrodes to determine if there is significant reduction in their pain. A permanent implantation of the system is then only performed after significant reduction in the pain during SCS trial. This procedure is usually performed in an outpatient setting using local anesthesia and sedation.

Multiple medical studies demonstrate the effectiveness of spinal cord stimulation in selected patients and selected pain conditions. ■

## Insurances Accepted

Pro-Health Network

Effective 6/04

St. Vincent CMO

Participating

Includes:

- St. Joseph PHO (Kokomo)
- OneHealth/Great Western
- Suburban Health Organization (SHO)

MMG (Methodist Medical Group)

Participating

- Includes M-Plan/MMG, AHN/MMG, AHN/Kokomo, Tipton Medical Network (TMN) and Senior Smart Choice

United Health Care

Effective 4/03

Indiana Health Network

Effective 5/03

Sagamore Health Network

All Products (Except HMO)

Anthem/Blue Cross/Blue Shield

All Products

Aetna/Prudential

All Products

Encore

Participating

Principal Healthcare

Participating

Private Health Care System (PHCS)

Participating (except POS)

Choice Care/Humana

Participating

Medicare

Part A

Worker's Compensation

All Types

*Our services are covered by most insurance plans and patients are also able to appeal to their carriers to cover their treatments. Also, if a referring provider feels confident that there aren't sufficient providers within a patient's insurance network, that provider may request an "Exception Referral" in which case benefits would be paid at an In-network level, to a Non-network provider.*

*Although there are insurance networks MPI does not participate with, patients may still have benefits payable under their plan. MPI recommends that the patient contact their insurance carrier directly to inquire about the "Out of Network" difference. Please call MPI office to inquire about any insurance providers not listed.*

## Available Treatments

- Fluoroscopic Epidural Steroid Injections (Cervical, Thoracic & Lumbar)
- Nerve Blocks (Diagnostic and Therapeutic)
  - Sympathetic Nerve Blocks
  - Fluoroscopic Selective Nerve Blocks
- Facet Joint Injections
- Sacroiliac Joint Injections
- Radiofrequency Lesioning
  - Facet Denervation
  - Rhizotomy
  - Sympathectomy
- Nucleoplasty
- Neuroplasty
- Discography
- IDET (IntraDiscal ElectroThermal Therapy)
- SED (Selective Endoscopic Discectomy)
- Spinal Cord Stimulators

## Types of Pain Treated

- Acute & Chronic Back Pain
- Cervical Spine (Neck) Pain & Related Headaches
- Herniated Discs
- Degenerative Disc Disease
- Sciatica / Radiculopathy
- Spinal Facet Syndrome
- Spinal Stenosis (Lumbar & Cervical)
- Spondylosis (Spinal Arthritis)
- Work & Sports Related Injuries