



## Case Study

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Leading Interventionalist  
Shares *mild*<sup>®</sup> Patient Outcomes

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A large, light blue, 3D rendering of a human spine, showing the vertebrae and intervertebral discs, positioned on the right side of the page.

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# Patient History Pre-*mild*

## 75-Year-Old Female Patient

### Medical History

Low back pain for over 3 years. Over the last two years, her pain has gradually changed to having been much worse with standing, walking, and improved with sitting. She had not been getting relief with other providers and was sent for further evaluation.

### Surgical History

No history of any lumbar surgeries

### Social History

Still working, she attends various conventions where there is a great deal of walking involved

### Medications

Lidocaine patches to her back, gabapentin 300 mg at night time

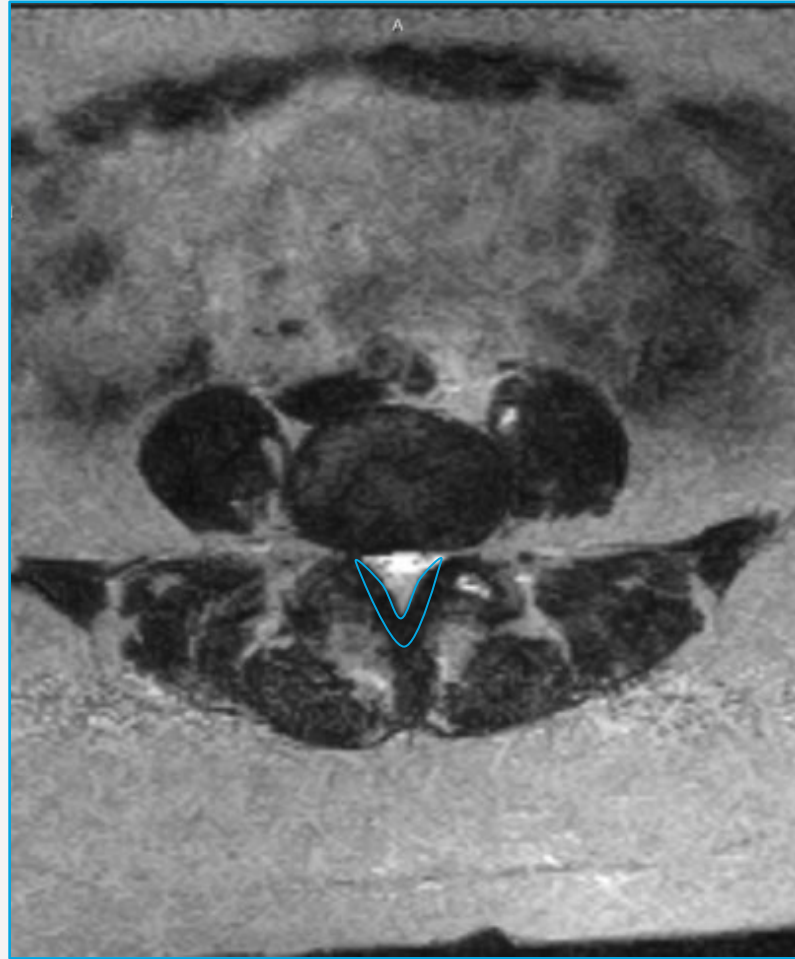
## 2-Year History

2-year history of ESIs & other procedures from another local pain physician

### Back Pain

- VAS 5-7/10
- Treated with 2 lumbar ESIs, 2 sets of therapeutic lumbar facet injections, 2 sets of RF ablation procedures, 1 bilateral SI joint injection

# MRI Imaging



**HLF** impinging on central canal at **L3-L4** and **L4-L5**

# Procedure Details

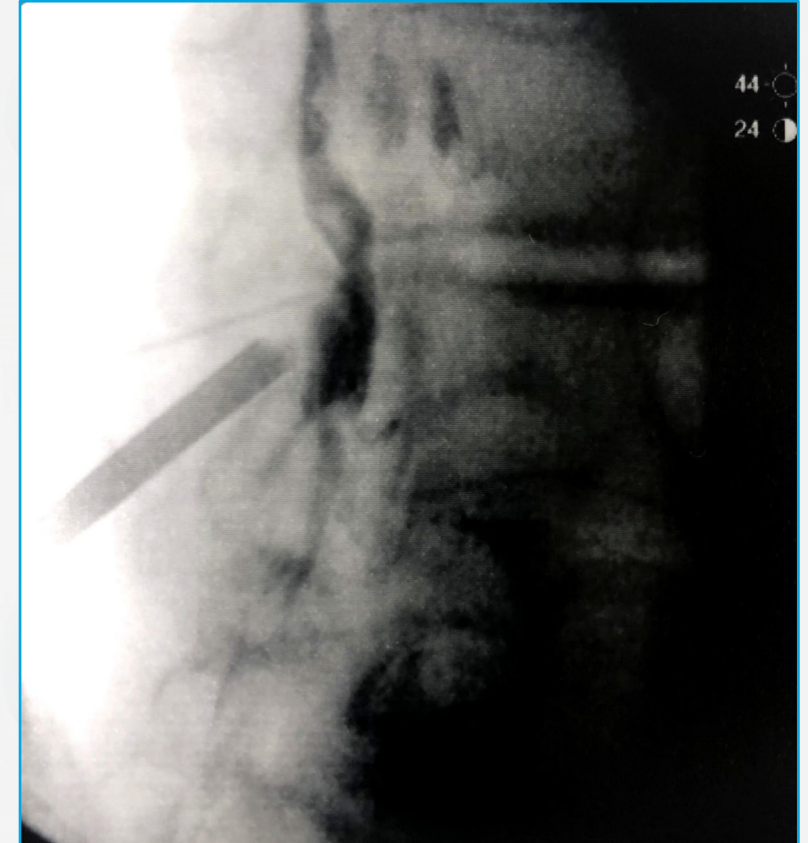
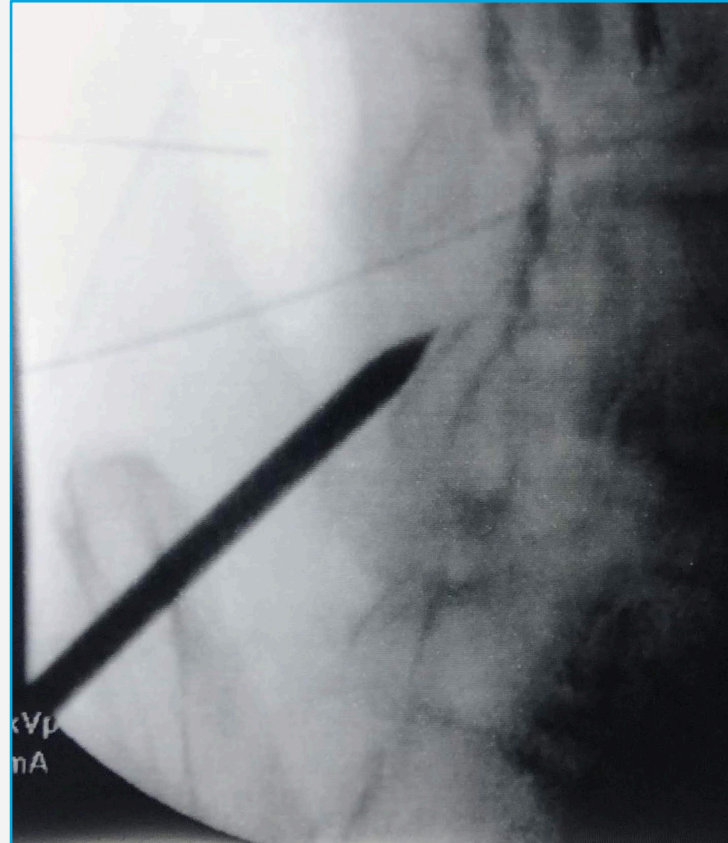


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**Performed:** 1/22/19

**Levels Treated:** Unilateral, left L4-L5

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## January 2019: Before *mild*



### Able to Stand/Walk

Back pain with minor distance



VAS 5-7/10



2 lumbar ESIs, 2 lumbar facet injections, 2 RF ablation procedures, 1 bilateral SI joint injection



QOL

Poor

## February 2019: 4 Weeks Post *mild*



### Able to Stand/Walk

Significant increase. Patient attended a convention in Salt Lake City and walked all over the city for a whole week without back pain.



VAS 0/10



No additional treatments or meds administered



QOL

Greatly improved

# Key Takeaways

This patient went from having pain with walking for less than 10 minutes to walking miles around a conference without any issues. She said that **the mild Procedure and "I" are a blessing**. *mild* patient outcomes are powerful and provide great word-of-mouth for my practice.

# Key Takeaways

When patients report symptoms of NC and the HLF is present on the MRI, I know the ligament is the main pain generator. With *mild*, I can help **remove the source of the problem** and get patients functioning again with less pain.

# Disclaimer

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