

Case Study

Leading Interventionalist Shares *mild*[®] Patient Outcomes

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"Something that I have always told my patients is I would do this on my own family members. This case example is of my father."



Patient History Pre-mild

82-Year-Old Male Patient

Medical History

Diabetes, physical therapy, lumbar medical branch block (x1), lumbar interlaminar epidural steroid injection (ESI) (x1), lumbar transforaminal ESI (x2)

Surgical History

Not a good surgical candidate

Social History

No ETOH, smoking or illicit drugs

Allergies

NKDA

Medications

NSAIDs, Tylenol, Medrol pack (x2), and Tramadol

History

History as of January 13th, 2019

Back Pain

VAS 10/10

Symptoms of Neurogenic Claudication

- Symptoms present for 4 to 5 months
- Walking distance < 15 ft. without cane
- Pain improved with sitting or bending forward

MRI

Confirmed central canal stenosis with hypertrophic ligamentum flavum (HLF)

- L2-L3 degenerative disc disease (DDD), posterior synovial cyst, facet and ligamentous changes
- L3-L4 HLF, facet hypertrophy, DDD and right neural foraminal extension
- L4-L5 HLF, Grade I anterolisthesis and bilateral neural foraminal extension
- Levoscoliosis

MRI, Sagittal View



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MRI, Axial View



L4-L5

- HLF = > 2.5 mm
- Facet hypertrophy
- Central canal narrowing



L3-L4

- HLF = > 2.5 mm
- Facet hypertrophy
- Central canal narrowing



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L2-L3

- Synovial cyst
- Facet hypertrophy

MRI, Coronal View



Procedure Details



Performed: 1/14/19

Levels Treated: L4-L5 & L3-L4, bilaterally





Choose *mld*[®]

1/13/19: Before mild

Able to Stand/Walk < 15 ft without cane





History of ESIs Lumbar interlaminar-ESI (x1), Lumbar transforaminal ESI (x2)



QOL

1/28/19: 2 Weeks Post mild



Able to Stand/Walk Stand time 10 minutes, walk ¼ mile without cane, less forward flexion



Meds No NSAIDs, acetaminophen or tramadol



All ADLs without assistance, back pain only with activity, zero leg pain

4/30/19: 15 Weeks Post mild









QOL Continued pain relief in legs, back pain improved

Key Takeaways

"We are not just looking for hypertrophic ligamentum flavum for these patients. Of course, to offer them *mild* they must have HLF, but we don't exclude patients with comorbidities!"



Key Takeaways

"Everyone must read their own X-rays and MRIs when employing a therapy, whether it's spinal cord stimulation or a therapy specifically for lumbar spinal stenosis."



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