EHR Report

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Clinical Report: Michael Rodriguez - Likely Diagnosis for Chronic Lower Back Pain

Patient Demographics:
*   **Name:** Michael Rodriguez
*   **DOB:** 1975-04-22 (Age: 49 years at encounter)
*   **Sex:** Male
*   **MRN:** 00291837

Encounter Details:
*   **Date:** 2025-05-01
*   **Type:** Outpatient
*   **Clinician:** Dr. Aisha Patel
*   **Chief Complaint:** Chronic lower back pain

Clinical Assessment (from EHR):
The attending clinician's assessment as documented in the EHR is: **Chronic mechanical low back pain.**

Supporting Clinical Findings (Interpretation):
This assessment is well-supported by the provided EHR data through a combination of historical features and physical examination findings:

1. **History of Present Illness (HPI):**
    *   **Duration:** Pain for 3 months, aligning with the "chronic" designation.
    *   **Mechanical Nature:** Pain is described as "worse when sitting," which is characteristic of mechanically-induced back pain, often exacerbated by specific positions or activities.
    *   **Absence of Red Flags:** The HPI explicitly states "no trauma" and "no numbness/tingling," which decreases the likelihood of acute traumatic injury or radicular nerve involvement, respectively. This supports a diagnosis of mechanical back pain over other more serious pathologies such as fracture, infection, or significant neurological compromise.

2. **Physical Examination:**
    *   **Musculoskeletal Exam:** Findings include "Tenderness over L4-L5" and "limited forward flexion."
        *   **Localized Tenderness:** Tenderness directly over a specific lumbar spinal segment (L4-L5) is consistent with a localized musculoskeletal issue, often associated with mechanical pain stemming from facet joints, ligaments, or muscle strain in that region.
        *   **Limited Forward Flexion:** This is a common objective finding in mechanical low back pain, indicating stiffness and pain with movement, particularly bending.

Differential Considerations (Non-Diagnostic based on EHR):
Based on the provided EHR data, several conditions are less likely, or no evidence is provided to support them:
*   **Radiculopathy:** The absence of "numbness/tingling" in the HPI makes nerve root compression less likely, though a full neurological exam is not detailed.
*   **Inflammatory Back Pain:** No specific historical features (e.g., morning stiffness improving with activity, nocturnal pain) or objective findings (e.g., elevated inflammatory markers) are provided to suggest an inflammatory etiology.
*   **Systemic or Visceral Causes:** The localized findings and mechanical nature of the pain, coupled with generally stable vital signs and no other systemic symptoms, do not suggest a visceral or systemic cause for the back pain.

Current Management Plan (from EHR):
The plan outlined in the EHR aligns with the management of chronic mechanical low back pain:
*   Physiotherapy referral
*   Core strengthening exercises
*   NSAIDs PRN
*   Follow up in 4 weeks

Uncertainty/Missing Information:
*   While the HPI notes "no numbness/tingling," a detailed neurological examination (e.g., motor strength, reflexes, sensory testing in specific dermatomes) is not provided in the EHR to fully rule out subtle radicular components.
*   No imaging studies (e.g., X-ray, MRI) have been documented.
*   No laboratory investigations are provided.
*   Specific pain severity (e.g., 0-10 scale) or functional impact is not quantified beyond "limited forward flexion."