EHR Report

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Clinical Report: Evaluation of Chronic Lower Back Pain

Patient: Michael Rodriguez (MRN: 00291837, DOB: 1975-04-22, Male)
Encounter: 2025-05-01, Outpatient, Dr. Aisha Patel

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1. Presenting Problem & History

*   **Chief Complaint:** Chronic lower back pain.
*   **History of Present Illness (HPI) (Objective Data):** Michael Rodriguez presents with lower back pain for 3 months. The pain is reported to be worse when sitting. There is no history of trauma. Importantly, the patient denies numbness or tingling in the lower extremities.
*   **Past Medical History (PMH) (Objective Data):** Hypertension, Hyperlipidemia.
*   **Medications (Objective Data):** Amlodipine 5mg daily, Atorvastatin 20mg daily.
*   **Allergies (Objective Data):** None.

2. Physical Examination & Vitals

*   **Vitals (Objective Data):** BP 132/84, HR 78 bpm, Temp 36.7C, SpO2 98%. (Interpretation: Vitals are stable and within normal limits for an outpatient setting, with controlled hypertension.)
*   **Musculoskeletal Exam (Objective Data):** Tenderness observed over L4-L5 region. Limited forward flexion noted.

3. Clinician's Assessment (Objective Data)

*   The treating clinician, Dr. Aisha Patel, has documented an assessment of "Chronic mechanical low back pain."

4. Clinical Interpretation & Rationale

Based on the provided EHR data, the documented assessment of **Chronic mechanical low back pain** is strongly supported by the objective findings:

*   **Duration:** The 3-month history classifies the pain as chronic.
*   **Aggravating Factors:** Pain worsening with sitting is a common feature of mechanical back pain, often related to disc pressure or postural stress.
*   **Absence of Neurological Red Flags:** The explicit denial of numbness or tingling is crucial as it suggests against significant radiculopathy or spinal cord compression, which would necessitate different diagnostic and management approaches.
*   **Physical Exam Findings:** Tenderness over the L4-L5 vertebral level, combined with limited forward flexion, is consistent with musculoskeletal involvement and localized pain in the lower lumbar spine.
*   **Absence of Systemic Red Flags:** No mention of constitutional symptoms (e.g., fever, unintentional weight loss), night pain, bowel/bladder dysfunction, or recent trauma in the provided history further supports a non-malignant, non-infectious, and non-fracture etiology.

5. Differential Considerations (Non-Diagnostic)

Given the current data, findings are highly consistent with the documented mechanical low back pain. Conditions that are less likely based on the available information due to the absence of specific symptoms include:

*   **Radiculopathy (e.g., sciatica):** Less likely given the explicit denial of numbness/tingling, although a mild disc bulge without nerve root compression cannot be entirely ruled out without further neurological assessment.
*   **Spinal Stenosis:** Less likely without neurogenic claudication symptoms (e.g., leg pain with walking, relieved by sitting/leaning forward), which are not reported.
*   **Inflammatory Spondyloarthropathy:** Less likely without typical inflammatory back pain characteristics (e.g., morning stiffness >30 min, improvement with activity).
*   **Serious Pathologies (e.g., malignancy, infection, fracture):** Highly unlikely given the absence of trauma, constitutional symptoms, and specific "red flag" indicators (e.g., IV drug use, immunosuppression, severe night pain).

6. Identified Gaps/Uncertainty

*   **Detailed Neurological Exam:** While numbness/tingling is denied, specific details regarding motor strength, reflexes, and dermatomal sensation were not provided in the musculoskeletal exam summary. This information, if available, would further strengthen or refine the assessment.
*   **Imaging Results:** No imaging (e.g., X-ray, MRI) results were provided, which could offer

further anatomical insights if pursued.

7. Documented Plan (Objective Data)

*   Physiotherapy referral
*   Core strengthening exercises
*   NSAIDs PRN
*   Follow up in 4 weeks

Clinical Interpretation of Plan: The documented plan is appropriate and aligned with current guidelines for the management of chronic mechanical low back pain, focusing on conservative measures, activity modification, and rehabilitation.