EHR Report

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Clinical Report: Michael Rodriguez - Likely Diagnosis

1. Patient Information:
* **Name:** Michael Rodriguez
* **DOB:** 1975-04-22 (49 years old at encounter)
* **Sex:** Male
* **MRN:** 00291837

2. Encounter Details:
* **Date:** 2025-05-01
* **Type:** Outpatient
* **Clinician:** Dr. Aisha Patel

3. Chief Complaint:
* Chronic lower back pain.

4. EHR Assessment (Likely Diagnosis):
Based on the provided EHR, the clinician's assessment is: **Chronic mechanical low back pain.**

5. Clinical Interpretation & Supporting Data:

* **History of Present Illness (HPI):**
    * **Objective Data:** Patient reports lower back pain for 3 months, which is worse when sitting. Denies history of trauma. Denies numbness or tingling.
    * **Clinical Interpretation:** The chronicity (3 months), positional worsening, and absence of trauma suggest a mechanical etiology. The lack of numbness or tingling reduces the likelihood of significant radiculopathy at presentation, although nerve impingement cannot be definitively ruled out without further neurological assessment. There are no immediate "red flag" symptoms reported (e.g., fever, unintentional weight loss, bowel/bladder changes, severe progressive neurologic deficits) that would suggest an emergent or serious underlying condition (e.g., infection, malignancy, cauda equina syndrome).

* **Physical Examination:**
    * **Objective Data:** Musculoskeletal exam reveals tenderness over L4-L5 and limited forward flexion.
    * **Clinical Interpretation:** These findings are consistent with mechanical low back pain, localizing the pain to the lumbar spine and indicating muscle spasm or joint stiffness, which aligns with the clinician's assessment.

* **Past Medical History (PMH) & Medications:**
    * **Objective Data:** PMH includes Hypertension and Hyperlipidemia. Current medications are Amlodipine 5mg daily and Atorvastatin 20mg daily.
    * **Clinical Interpretation:** These conditions are well-managed with current medications, and are not directly contributing factors to the present back pain, but provide important context for the patient's overall health and potential considerations for NSAID use.

* **Vitals:**
    * **Objective Data:** BP 132/84, HR 78, Temp 36.7C, SpO2 98%.
    * **Clinical Interpretation:** All vital signs are within normal limits, supporting the non-emergent nature of the presentation and general physiological stability.

6. EHR Plan:
* **Objective Data:**
    * Physiotherapy referral
    * Core strengthening exercises
    * NSAIDs PRN
    * Follow up in 4 weeks
* **Clinical Interpretation:** The proposed plan is standard management for chronic mechanical low back pain, focusing on conservative measures including physical therapy, exercise, and pain management, with a follow-up to assess progress.

7. Uncertainty/Missing Information:
* No specific details regarding pain severity (e.g., using a pain scale), prior treatments, or their effectiveness are explicitly stated in the provided EHR.
* Neurological examination findings (e.g., motor strength, sensation, reflexes) are not detailed in the provided EHR, which could provide further insights into potential radicular involvement despite the patient denying numbness/tingling.
* No imaging (X-ray, MRI) results are provided, which are typically used to rule out specific structural abnormalities, although they are often not indicated for initial management of uncomplicated mechanical low back pain in the absence of red flags.