EHR Report

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Clinical Report: Assessment of Likely Diagnosis

Patient Information:
*   **Name:** Michael Rodriguez
*   **DOB:** 1975-04-22 (Age: 49 years at encounter)
*   **Sex:** Male
*   **MRN:** 00291837
*   **Encounter Date:** 2025-05-01

Chief Complaint:
Chronic lower back pain for 3 months.

Objective EHR Data Supporting Diagnosis:
*   **History of Present Illness (HPI):**
    *   Duration: 3 months (classifies as chronic).
    *   Character: Worse when sitting.
    *   Context: No reported trauma.
    *   Absence of red flags: No numbness or tingling reported (suggests absence of radicular symptoms or neurological compromise).
*   **Physical Exam (Musculoskeletal):**
    *   Localized tenderness: Over L4-L5 vertebrae.
    *   Range of motion: Limited forward flexion.
*   **Clinician's Assessment:** The primary clinician's documented assessment is "Chronic mechanical low back pain."

Clinical Interpretation and Reasoning for Likely Diagnosis:
Based on the provided EHR data, the most likely diagnosis is **Chronic Mechanical Low Back Pain**, as explicitly documented by the clinician, Dr. Aisha Patel.

This assessment is supported by:
1. **Duration:** The pain has been present for 3 months, meeting the definition of chronic back pain.
2. **Symptoms:** The pain is exacerbated by sitting, a common feature of mechanical back pain related to disc or facet joint loading.
3. **Absence of Neurological Symptoms:** The explicit absence of numbness or tingling makes radiculopathy (e.g., sciatica due to disc herniation with nerve root compression) less likely.
4. **Physical Exam Findings:**
    *   **Tenderness over L4-L5:** Localized tenderness in the lumbar spine suggests a musculoskeletal origin, potentially involving paraspinal muscles, ligaments, or facet joints at this segment.
    *   **Limited Forward Flexion:** Restriction in range of motion further points to musculoskeletal involvement rather than a systemic or inflammatory cause without localized signs.
5. **Absence of Trauma:** This suggests an insidious onset or cumulative strain rather than an acute injury, which aligns with mechanical back pain.
6. **Proposed Plan:** The planned interventions (physiotherapy referral, core strengthening, NSAIDs PRN) are standard management strategies for chronic mechanical low back pain, further reinforcing the initial assessment.

Differential Considerations (based on absence of evidence):
*   The absence of trauma, fever, significant weight loss, night pain, and neurological deficits (numbness/tingling, weakness not reported) suggests a lower likelihood of inflammatory conditions, neoplastic processes, infection, or severe structural neurological compromise at this juncture.

Uncertainty/Missing Information:
*   The specific pain intensity (e.g., on a 0-10 scale) is not documented.
*   Detailed neurological exam findings (e.g., strength, reflexes, sensation in dermatomal distributions) are not explicitly provided, though the absence of numbness/tingling reduces concern for significant neurological impingement.
*   No imaging studies (X-ray, MRI) are mentioned, which could provide further anatomical detail but are often not indicated in the initial workup of mechanical low back pain without red flags.