

EHR Report

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Clinical Report: Likely Diagnosis

Patient Information:

* **Name:** Michael Rodriguez
* **MRN:** 00291837
* **DOB:** 1975-04-22 (Age: 50 years at encounter)
* **Sex:** Male

Encounter Details:

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

Chief Complaint:

Chronic lower back pain.

Clinical Interpretation: Likely Diagnosis

Likely Diagnosis: Chronic mechanical low back pain.

Reasoning:

The clinician's assessment explicitly states "Chronic mechanical low back pain." This diagnosis is strongly supported by the objective data present in the Electronic Health Record (EHR):

1. **Duration of Symptoms:** The patient reports pain for 3 months, aligning with the "chronic" descriptor.
2. **Characteristics of Pain:**
 - * Pain is "worse when sitting," which is a common characteristic of mechanical low back pain, often related to spinal loading and disc pressure.
 - * Absence of a traumatic event in the history of present illness ("no trauma") further points away from acute structural injury.
 - * Crucially, the absence of neurological symptoms such as "numbness/tingling" suggests the pain is unlikely to be radicular in nature, such as from significant nerve root compression.
3. **Physical Examination Findings:**
 - * "Tenderness over L4-L5" indicates localized pain and potential muscle spasm or facet joint irritation at a common segment for mechanical back pain.
 - * "Limited forward flexion" is a classic sign of restricted lumbar spine movement due to pain or stiffness, consistent with a mechanical issue.
4. **Absence of Red Flags:** The provided EHR data does not contain any red flag symptoms (e.g., unexplained weight loss, fever, significant trauma, bowel/bladder dysfunction, progressive neurological deficit) that would suggest a more serious underlying pathology (e.g., infection, malignancy, cauda equina syndrome). Vitals are stable.
5. **Management Plan:** The plan to initiate "Physiotherapy referral," "Core strengthening exercises," and "NSAIDs PRN" is standard management for mechanical low back pain, further reinforcing the initial clinical assessment.

Uncertainty/Missing Information:

* While the clinical picture strongly aligns with mechanical low back pain, a detailed neurological exam (e.g., deep tendon reflexes, motor strength testing, sensory examination beyond "no numbness/tingling") is not explicitly documented. However, the reported absence of numbness/tingling in the HPI reduces the immediate concern for significant neurological compromise.