

EHR Report

Generated: 2025-11-26 05:18:23

Clinical Report: Michael Rodriguez - Likely Diagnosis

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

1. Clinician's Assessment (from EHR)

The assessing clinician, Dr. Aisha Patel, has documented a primary assessment of:
Chronic mechanical low back pain

2. Supporting EHR Data & Clinical Interpretation

The documented EHR data aligns with and supports the clinician's assessment of chronic mechanical low back pain:

Chief Complaint: Chronic lower back pain.
History of Present Illness:
Pain duration of 3 months, which fits the definition of chronic pain.
Pain is worse when sitting, a common exacerbating factor for mechanical low back pain.
Absence of reported trauma.
Absence of reported numbness/tingling, which lessens the immediate concern for radiculopathy or significant nerve impingement.
Physical Exam (Musculoskeletal):
Tenderness over L4-L5, localizing the pain to a common area for mechanical back issues (e.g., facet arthropathy, discogenic pain without radiculopathy, muscle strain).
Limited forward flexion, suggesting spinal mobility restriction consistent with back pain.

Absence of Red Flags: The provided EHR data does not contain symptoms commonly associated with serious underlying spinal pathology (e.g., fever, weight loss, severe night pain, bowel/bladder dysfunction, saddle anesthesia, progressive neurological deficit, history of cancer, recent significant trauma in an elderly patient, intravenous drug use).

3. Considerations

Hypertension and Hyperlipidemia: These conditions are noted in the Past Medical History but are not directly related to the acute presentation of back pain. However, they are relevant for overall patient management and medication choices (e.g., NSAID use consideration).
Pharmacotherapy: The plan includes NSAIDs PRN, which are a common initial treatment for mechanical back pain.
Non-pharmacological Interventions: Physiotherapy and core strengthening exercises are appropriate initial conservative management strategies for chronic mechanical low back pain.

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