

EHR Report

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Clinical Report: Assessment of Chronic Lower Back Pain

Patient Information:

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

Encounter Details:

* **Date:** 2025-05-01
* **Type:** Outpatient
* **Clinician:** Dr. Aisha Patel
* **Chief Complaint:** Chronic lower back pain

Likely Diagnosis (Based on EHR-Documented Assessment):

The EHR explicitly documents the clinician's assessment as **"Chronic mechanical low back pain."**

Clinical Interpretation and Supporting Data:

This assessment is strongly supported by the objective data provided in the EHR:

1. **History of Present Illness:**

* **Chronicity:** Pain has been present for 3 months, aligning with the "chronic" designation.
* **Mechanical Pattern:** Pain is reported as worse when sitting, which is characteristic of mechanical causes that are aggravated by specific postures or activities.
* **Absence of Neuropathic Features:** The patient denies numbness or tingling, which decreases the likelihood of significant nerve root compression at this time.
* **Absence of "Red Flags":** The history does not report trauma, fever, unexplained weight loss, night pain, or bowel/bladder dysfunction, which would suggest more serious underlying conditions (e.g., fracture, infection, malignancy, cauda equina syndrome).

2. **Physical Examination:**

* **Localized Tenderness:** Tenderness noted over L4-L5 spinous processes, indicating a specific area of musculoskeletal involvement.
* **Limited Range of Motion:** Limited forward flexion of the lumbar spine further supports a mechanical restriction.

3. **Past Medical History & Vitals:**

* **Relevant Comorbidities:** Hypertension and Hyperlipidemia are noted but do not appear directly related to the etiology of the back pain.
* **Stable Vitals:** All vital signs (BP 132/84, HR 78, Temp 36.7C, SpO2 98%) are within normal limits, supporting the absence of acute inflammatory or systemic illness contributing to the pain.

4. **Treatment Plan:**

* The planned interventions (Physiotherapy referral, core strengthening exercises, NSAIDs PRN, follow-up) are standard management strategies for chronic mechanical low back pain, further reinforcing the documented assessment.

Uncertainty/Missing Information:

* No specific pain intensity score (e.g., 0-10) is provided.
* Detailed neurological examination findings beyond the absence of numbness/tingling are not specified in the provided EHR data (e.g., motor strength, reflexes, sensation).
* No imaging results are available in the provided EHR. While not always necessary for mechanical back pain, imaging could provide further anatomical detail if indicated.