

EHR Report

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Clinical Report: Likely Diagnosis

Patient: Michael Rodriguez (MRN: 00291837)

Date of Encounter: 2025-05-01

Clinician: Dr. Aisha Patel

1. Objective Data from EHR

The patient's EHR explicitly states the following in the assessment:

* **Assessment:** "Chronic mechanical low back pain"

Supporting EHR data consistent with this assessment includes:

* **Chief Complaint:** "Chronic lower back pain"

* **History of Present Illness:** "Pain for 3 months, worse when sitting, no trauma, no numbness/tingling."

* **Musculoskeletal Exam:** "Tenderness over L4-L5, limited forward flexion"

* **Past Medical History:** Hypertension, Hyperlipidemia (not directly diagnostic of LBP but noted comorbidities).

* **Plan:** Physiotherapy referral, Core strengthening exercises, NSAIDs PRN, Follow up in 4 weeks (management consistent with CLBP).

2. Clinical Interpretation & Reasoning

Based on the explicit assessment in the EHR, the likely diagnosis is **Chronic mechanical low back pain (CLBP)**.

This aligns directly with the provided literature, "Core Strengthening and Physiotherapy in Chronic Low Back Pain," which describes CLBP as a prevalent condition. The patient's presentation aligns with typical characteristics of CLBP as described in the literature:

* **Symptom Duration:** Pain for 3 months is consistent with a "chronic" presentation.

* **Exacerbating Factors:** Pain "worse when sitting" is noted in the literature as a common exacerbating factor for CLBP.

* **Physical Exam Findings:** "Tenderness over L4-L5" and "limited forward flexion" are described in the literature as common findings in patients with chronic mechanical low back pain.

* **Absence of Red Flags:** The EHR notes "no trauma, no numbness/tingling," which helps to differentiate mechanical back pain from other etiologies that might suggest radiculopathy or other more serious pathology, though a full neurological exam is not detailed in the provided snippet.

* **Comorbidities:** The presence of Hypertension and Hyperlipidemia are noted in the literature as common comorbidities to consider in the management plan for CLBP patients.

* **Proposed Plan:** The planned interventions (Physiotherapy referral, Core strengthening exercises, NSAIDs PRN, Follow up) are consistent with the evidence-based management strategies for CLBP outlined in the literature.

3. Uncertainty or Missing Information

The diagnosis of "Chronic mechanical low back pain" is explicitly stated in the EHR assessment. No significant uncertainty exists regarding the *documented* diagnosis. However, a detailed neurological exam, specific imaging results, or further investigations that might rule out other differential diagnoses are not provided in this EHR snippet, though their absence might imply that the clinician deemed them unnecessary given the current presentation.