

EHR Report

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Clinical Report: Likely Diagnosis

Patient: Michael Rodriguez (MRN: 00291837)

Encounter Date: 2025-05-01

Clinician: Dr. Aisha Patel

1. EHR-Documented Assessment (Likely Diagnosis)

Based on the provided Electronic Health Record (EHR) data, the treating clinician's documented assessment for Mr. Rodriguez's chief complaint is:

* **Chronic mechanical low back pain.**

2. Supporting Clinical Data and Interpretation

The clinician's assessment of chronic mechanical low back pain is supported by the following objective EHR data and clinical interpretation:

* **Chief Complaint & History of Present Illness (HPI):** Mr. Rodriguez presents with a primary complaint of lower back pain enduring for 3 months, categorizing it as chronic. The pain is described as worse when sitting. Crucially, he denies any history of trauma or neurological symptoms such as numbness or tingling, which decreases the likelihood of acute radiculopathy or a significant structural injury requiring urgent intervention.

* **Physical Examination:** Musculoskeletal examination findings include tenderness localized over the L4-L5 region and limited forward flexion of the lumbar spine. These findings are consistent with local musculoskeletal irritation and restricted range of motion, commonly observed in mechanical causes of back pain.

* **Absence of Red Flags:** There is no documentation of red flag symptoms (e.g., fever, unexplained weight loss, night sweats, bowel/bladder dysfunction, saddle anesthesia, severe progressive weakness) that would raise immediate concern for more serious underlying pathology such as infection, malignancy, or cauda equina syndrome.

* **Patient Age and Comorbidities:** At 50 years old, mechanical changes in the spine are common. His past medical history of hypertension and hyperlipidemia are noted but do not directly contribute to the etiology of his back pain. Vitals are stable and within normal limits.

* **Management Plan:** The initiated plan, including physiotherapy referral, core strengthening exercises, and NSAIDs PRN, aligns with a diagnosis of mechanical low back pain, emphasizing conservative management and rehabilitation.

3. Differential Considerations (Non-Diagnostic)

While the provided data strongly points towards mechanical low back pain, other less likely considerations, which generally present with different or additional features not noted in the EHR, could include:

* **Lumbar Disc Herniation:** Less likely given the explicit denial of numbness or tingling (radicular symptoms).

* **Spinal Stenosis:** Less likely given the absence of neurogenic claudication symptoms.

* **Facet Joint Arthropathy:** A potential contributor to mechanical back pain, often overlapping with the current presentation.

* **Inflammatory Spondyloarthropathy:** Less likely given the absence of specific inflammatory symptoms or findings.

4. Identified Risks/Concerns

* **Chronic Pain Management:** The chronic nature of Mr. Rodriguez's pain (3 months duration) necessitates a comprehensive management strategy, as initiated in the plan.

* **Comorbidity Management:** Ongoing management of hypertension and hyperlipidemia is important for Mr. Rodriguez's overall health.