

EHR Report

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Clinical Report: Likely Diagnosis

Patient Information:

* **Name:** Michael Rodriguez
* **DOB:** 1975-04-22 (Age: 49 years at encounter)
* **Sex:** Male
* **MRN:** 00291837
* **Encounter Date:** 2025-05-01
* **Clinician:** Dr. Aisha Patel

Summary of Relevant EHR Data:

* **Chief Complaint:** Chronic lower back pain.
* **History of Present Illness (HPI):** Pain for 3 months, described as worse when sitting. No reported trauma, numbness, or tingling.
* **Past Medical History:** Hypertension, Hyperlipidemia.
* **Medications:** Amlodipine 5mg daily, Atorvastatin 20mg daily.
* **Allergies:** None.
* **Vitals:** BP 132/84, HR 78, Temp 36.7C, SpO2 98%. (All within generally acceptable outpatient limits).
* **Physical Exam (Musculoskeletal):** Tenderness observed over L4-L5 region. Limited forward flexion.
* **EHR Assessment:** Chronic mechanical low back pain.
* **EHR Plan:** Physiotherapy referral, core strengthening exercises, NSAIDs PRN, follow up in 4 weeks.

Likely Diagnosis (Based on EHR Assessment):

Based on the provided EHR data, the documented assessment by the treating clinician (Dr. Aisha Patel) is:

* **Chronic mechanical low back pain.**

Clinical Interpretation in Support of EHR Assessment:

The EHR assessment of "Chronic mechanical low back pain" is consistent with the presented clinical picture:

- Duration:** The pain has been present for 3 months, aligning with the definition of chronic pain.
- Aggravating Factors:** Pain worse with sitting is a common characteristic of mechanical back pain, often related to disc pressure or postural stress.
- Absence of Red Flags (as documented):** The HPI explicitly states "no trauma, no numbness/tingling," which, in the absence of other reported red flags (e.g., fever, weight loss, bladder/bowel dysfunction, severe night pain), reduces the immediate suspicion for serious underlying pathology such as fracture, infection, malignancy, or cauda equina syndrome.
- Physical Exam Findings:** Tenderness over L4-L5 and limited forward flexion are non-specific findings that can be associated with musculoskeletal strain or degenerative changes, consistent with a mechanical etiology.
- Lack of Radicular Symptoms:** The absence of numbness or tingling suggests that nerve root compression (e.g., radiculopathy) is not a prominent feature at this time, further supporting a primary mechanical diagnosis.

Uncertainty/Missing Information:

- Detailed neurological exam findings (e.g., motor strength, reflexes, sensory deficits) are not explicitly provided beyond the absence of numbness/tingling in the HPI, which would further confirm or refute nerve involvement.
- Specific pain score or functional limitations are not quantified in the HPI, which could provide more insight into severity.
- No imaging results (e.g., X-ray, MRI) are available in the provided EHR data to assess for specific structural abnormalities that could contribute to mechanical back pain.
- The chronicity (3 months) could warrant consideration of psychosocial factors, though these are not detailed in the provided EHR.