EHR Report

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Clinical Report: Likely Diagnosis

Patient Information:
*   **Name:** Michael Rodriguez
*   **MRN:** 00291837
*   **DOB:** 1975-04-22 (Age: 49)
*   **Sex:** Male

Encounter Details:
*   **Date:** 2025-05-01
*   **Clinician:** Dr. Aisha Patel
*   **Type:** Outpatient

Chief Complaint:
*   Chronic lower back pain

EHR-Documented Assessment:
*   Chronic mechanical low back pain

Clinical Interpretation and Reasoning for Likely Diagnosis:

Based on the provided EHR data, the most likely diagnosis, as explicitly documented by the attending clinician, is **Chronic mechanical low back pain**.

Supporting Data from EHR:
1. **History of Present Illness (HPI):**
    *   **Duration:** Pain for 3 months, classifying it as chronic (typically >12 weeks).
    *   **Onset/Mechanism:** No reported trauma, suggesting a non-acute, non-injury-related etiology.
    *   **Aggravating Factor:** Pain worse when sitting, a common characteristic of mechanical back pain, often related to disc pressure or postural stress.
    *   **Absence of Neurological Symptoms:** No numbness or tingling reported, which significantly reduces the likelihood of radiculopathy (nerve root compression) at the initial presentation.
2. **Physical Exam Findings:**
    *   **Musculoskeletal:** Tenderness over L4-L5 and limited forward flexion. These findings are consistent with local musculoskeletal irritation and restricted range of motion, commonly seen in mechanical back pain.
3. **Absence of Red Flags:**
    *   The EHR data does not report any "red flag" symptoms such as fever, unexplained weight loss, night pain, bowel/bladder dysfunction, saddle anesthesia, or progressive neurological deficits, which would suggest more serious underlying conditions (e.g., infection, malignancy, cauda equina syndrome).
4. **Past Medical History & Vitals:**
    *   Past medical history of hypertension and hyperlipidemia, and stable vital signs (BP 132/84, HR 78, Temp 36.7C, SpO2 98%), do not suggest a systemic cause for the back pain.

Conclusion:
The combination of chronic duration, non-traumatic onset, pain exacerbated by sitting, localized tenderness at L4-L5, limited forward flexion on exam, and absence of neurological symptoms or "red flags" strongly supports the documented diagnosis of chronic mechanical low back pain. The planned interventions (physiotherapy, core strengthening, NSAIDs PRN) are also consistent with the management of this condition.

Differential Considerations (based on available data):
Given the documented assessment and supporting EHR data, significant alternative diagnoses are less likely. However, without further imaging or specialized tests, conditions such as facet arthropathy, mild degenerative disc disease (without nerve compression), or muscle strain are encompassed within the broader category of mechanical low back pain. Radiculopathy is less likely due to the absence of numbness/tingling.

Uncertainty/Missing Information:
*   No specific imaging (X-ray, MRI) results are provided in the EHR, which could offer further anatomical detail or rule out specific structural abnormalities.
*   Specific neurological exam findings (e.g., strength, reflexes, sensation) are not detailed beyond the absence of numbness/tingling, which could further confirm the absence of radicular involvement.