

EHR Report

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Clinical Report: Likely Diagnosis

Patient Information:

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

Encounter Details:

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

1. Clinician's Documented Assessment (Objective Data):

The provided EHR data explicitly states the clinician's assessment as: **Chronic mechanical low back pain.**

2. Supporting Clinical Data and Reasoning:

Based on the provided EHR data, the diagnosis of chronic mechanical low back pain is supported by the following:

History of Present Illness:

Duration: Pain for 3 months, classifying it as chronic.
Character: The pain is reported as "worse when sitting," which is a common characteristic of mechanical low back pain, often related to discogenic or postural strain.
Absence of Red Flags: Explicitly noted "no trauma" and "no numbness/tingling." The absence of trauma reduces the likelihood of acute injury. The absence of numbness/tingling suggests a lower probability of significant nerve root compression (radiculopathy) as the primary cause, although it does not completely rule it out.

Physical Examination:

Musculoskeletal: Findings include "tenderness over L4-L5" and "limited forward flexion." These are consistent with localized muscular or ligamentous strain and reduced spinal mobility often seen in mechanical low back pain.

Vitals & Past Medical History: Vital signs are stable (BP 132/84, HR 78, Temp 36.7C, SpO2 98%). Past medical history of hypertension and hyperlipidemia does not directly contribute to the etiology of back pain in this context, but are relevant for overall patient management (e.g., NSAID considerations).

3. Uncertainty or Missing Information:

No imaging (e.g., X-ray, MRI) or laboratory results are provided, which could offer further anatomical or inflammatory insights if indicated. However, for uncomplicated mechanical back pain without red flags, imaging is often not initially required.

Specific details regarding pain severity (e.g., 0-10 scale) or quality (e.g., dull, sharp, aching) are not explicitly documented beyond "worse when sitting."

4. Current Management Plan (Contextual):

The current plan includes physiotherapy referral, core strengthening exercises, NSAIDs PRN, and follow-up in 4 weeks, which aligns with standard management strategies for chronic mechanical low back pain.