

EHR Report

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Clinical Report: Assessment of Likely Diagnosis

Patient: Michael Rodriguez (MRN: 00291837)

Date of Birth: 1975-04-22 (Age: 50)

Sex: Male

Encounter Date: 2025-05-01

Clinician: Dr. Aisha Patel

1. Objective EHR Data Summary:

- * **Chief Complaint:** Chronic lower back pain.
- * **History of Present Illness:** Pain for 3 months, exacerbated by sitting. No reported history of trauma, numbness, or tingling in extremities.
- * **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%. (Within normal limits for HR, Temp, SpO2; BP is controlled given history of HTN).
- * **Physical Exam (Musculoskeletal):** Tenderness observed over L4-L5 vertebral segments, limited forward flexion of the lumbar spine.
- * **Clinician's Assessment:** Chronic mechanical low back pain.
- * **Plan:** Physiotherapy referral, core strengthening exercises, NSAIDs PRN, follow up in 4 weeks.

2. Clinical Interpretation and Likely Diagnosis:

Based on the provided EHR data, the treating clinician's assessment of **Chronic mechanical low back pain** is strongly supported.

Reasoning:

- * **Objective Data:**
 - * The chief complaint is chronic lower back pain, consistent with a duration of 3 months.
 - * The history of present illness describes pain worse with sitting, a common characteristic of mechanical back pain.
 - * Crucially, the absence of trauma, numbness, or tingling reduces the likelihood of acute traumatic injury or significant neurological compromise (e.g., radiculopathy from disc herniation as a primary concern at this stage).
 - * Physical exam findings of tenderness over L4-L5 and limited forward flexion are consistent with localized musculoskeletal involvement and restricted lumbar mobility, often seen in mechanical back pain.
 - * **Interpretation:**
 - * The term "mechanical" implies that the pain originates from the spine or its supporting structures (muscles, ligaments, discs, facet joints) due to strain, degeneration, or postural factors, rather than inflammatory, infectious, or neoplastic causes.
 - * The chronic nature indicates persistence beyond the usual healing time, which aligns with the 3-month duration.
 - * The plan, including physiotherapy, core strengthening, and NSAIDs, aligns with standard management strategies for mechanical low back pain, aiming to improve function, reduce inflammation, and strengthen supporting musculature.

Differential Considerations (Non-Diagnostic):

While the provided data strongly points to mechanical low back pain, other considerations in a broader clinical context (not definitively indicated by this specific EHR data) for chronic back pain can include:

- * Lumbar disc pathology (e.g., degenerative disc disease, mild disc bulge without radiculopathy).
- * Lumbar facet arthropathy.
- * Myofascial pain syndrome.

Uncertainty/Missing Information:

- * Detailed neurological exam findings (e.g., strength, reflexes, sensation) are not explicitly provided beyond the absence of reported numbness/tingling, which would further confirm or rule out radicular involvement.
- * Specific pain score or functional limitation assessment is not detailed.

* Imaging studies (e.g., X-ray, MRI) are not mentioned, which could further elucidate structural changes but are often not indicated as first-line for uncomplicated mechanical back pain.

* The literature requested by the user was not provided, therefore this report relies solely on the EHR data for clinical reasoning.

Disclaimer: This report is generated by a clinical decision-support tool and is not intended to provide a diagnosis. All clinical decisions must be made by a licensed healthcare professional.