

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. Primary Clinical Concern

Chronic lower back pain.

2. Clinician's Assessment (from EHR)

Chronic mechanical low back pain.

3. Supporting Clinical Data and Interpretation

* **History of Present Illness (HPI):** Mr. Rodriguez reports lower back pain for 3 months, indicating chronicity. The pain is described as worse when sitting, which can be suggestive of discogenic pain or postural exacerbation. Crucially, there is no reported history of trauma, and the absence of numbness or tingling makes a primary radicular syndrome (e.g., sciatica due to nerve root compression) less likely as the sole etiology.

* **Physical Examination:** Musculoskeletal examination reveals tenderness over L4-L5 and limited forward flexion. These findings are consistent with localized musculoskeletal irritation and restricted spinal mobility in the lumbar region, characteristic of mechanical back pain.

* **Vitals:** Blood pressure is 132/84 mmHg, heart rate 78 bpm, temperature 36.7°C, and SpO₂ 98%. These are generally stable, though the BP is at the upper end of normal/pre-hypertensive range, consistent with his documented history of hypertension. There are no vital sign abnormalities suggesting an acute infectious or inflammatory process contributing to the back pain.

* **Red Flag Assessment:** Based on the provided EHR data, there are no immediate "red flag" symptoms or signs (e.g., fever, unexplained weight loss, new-onset bladder/bowel dysfunction, progressive neurological deficit, recent significant trauma) that would suggest a more serious underlying spinal pathology such as infection, malignancy, or cauda equina syndrome.

4. Differential Considerations (Non-Diagnostic)

While the documented assessment is "Chronic mechanical low back pain," several specific etiologies could fall under this umbrella, including:

* Lumbar myofascial pain syndrome.

* Degenerative disc disease.

* Lumbar facet arthropathy.

* Sacroiliac joint dysfunction.

* Given the "worse with sitting" complaint, discogenic pain is a consideration.

5. Conclusion

Based on the integrated EHR data, the patient's chief complaint, history of present illness, physical examination findings, and the clinician's documented assessment, the most likely diagnosis is **Chronic mechanical low back pain**. The absence of neurological symptoms and red flags supports a musculoskeletal origin without overt nerve root compromise. The planned physiotherapy, core strengthening, and NSAIDs are appropriate for this diagnosis.