

# EHR Report

Generated: 2025-11-26 05:21:41

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\*\*Patient:\*\* Michael Rodriguez (DOB 1975-04-22, Male)

\*\*Encounter Date:\*\* 2025-05-01

\*\*Chief Complaint:\*\* Chronic lower back pain

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### ### Likely Diagnosis

Based on the provided EHR data, the documented assessment is:

- \*    \*\*Chronic mechanical low back pain\*\*

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### ### Supporting Clinical Data (Objective from EHR)

- \*    \*\*History of Present Illness (HPI):\*\* The patient reports lower back pain for 3 months, aligning with the definition of chronic pain. The pain is described as worse when sitting, suggesting a mechanical component. Importantly, the patient denies a history of trauma or neurological symptoms such as numbness/tingling.

- \*    \*\*Physical Examination:\*\* Musculoskeletal examination reveals tenderness over the L4-L5 spinal segments, which is a common site for mechanical back pain. Limited forward flexion of the lumbar spine was also noted, consistent with musculoskeletal restriction. There is no documentation of neurological deficits.

- \*    \*\*Absence of Red Flags:\*\* The provided EHR data does not mention any "red flag" symptoms (e.g., fever, unintentional weight loss, severe or progressive neurological deficit, bowel/bladder dysfunction, history of malignancy, IV drug use) that would suggest a more serious underlying pathology.

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### ### Clinical Interpretation

The patient's chief complaint of chronic lower back pain, combined with the duration, the exacerbating factor (sitting), the absence of trauma and neurological symptoms, and the specific physical examination findings (L4-L5 tenderness, limited forward flexion), strongly supports the documented diagnosis of chronic mechanical low back pain. The plan of physiotherapy, core strengthening, and NSAIDs PRN is consistent with the management of this condition.

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### ### Missing Information / Uncertainty

- \*    The EHR data does not include specific details regarding the pain intensity (e.g., numerical pain scale) or specific aggravating/alleviating factors beyond 'worse when sitting'.

- \*    No imaging studies (e.g., X-ray, MRI) have been provided or documented, though these are often not immediately indicated in cases of mechanical back pain without red flags or persistent neurological symptoms.