

EHR Report

Generated: 2025-11-26 06:34:16

Likely Diagnosis Report

Patient: Michael Rodriguez (MRN: 00291837)
Encounter Date: 2025-05-01
Clinician: Dr. Aisha Patel

Likely Diagnosis

Chronic Mechanical Low Back Pain (CLBP)

Supporting Clinical Information

1. Objective Data from EHR:

Chief Complaint: Chronic lower back pain.
History of Present Illness: Pain for 3 months, worse when sitting, no trauma, no numbness/tingling.
Past Medical History: Hypertension, Hyperlipidemia.
Musculoskeletal Exam: Tenderness over L4-L5, limited forward flexion.
Vitals: BP 132/84, HR 78, Temp 36.7C, SpO2 98%.
Assessment (from EHR): Chronic mechanical low back pain.
Plan (from EHR): Physiotherapy referral, Core strengthening exercises, NSAIDs PRN, Follow up in 4 weeks.

2. Clinical Interpretation:

Diagnosis Confirmation: The EHR explicitly lists "Chronic mechanical low back pain" in the assessment section, which aligns directly with the chief complaint and duration of symptoms.
Symptom Alignment: The patient's presentation of pain for 3 months, worsening with sitting, and lack of trauma, numbness, or tingling is consistent with the characteristics of Chronic Low Back Pain (CLBP) described in the literature (Source: literature_example.pdf). Specifically, the literature notes CLBP is "often exacerbated by prolonged sitting."
Physical Exam Findings: The objective findings of "tenderness over L4-L5" and "limited forward flexion" are classic signs of chronic mechanical low back pain, as highlighted in the provided literature snippet: "Patients with chronic mechanical low back pain often present with tenderness over the lumbar region, limited forward flexion, and discomfort when sitting for extended periods." (Source: literature_example.pdf).
Comorbidities: The patient's history of Hypertension and Hyperlipidemia are identified in the literature as common comorbidities in patients with CLBP that "should be considered in the management plan" (Source: literature_example.pdf). The current medications (Amlodipine, Atorvastatin) address these conditions. Vitals, including blood pressure, are also noted, which the literature states should be regularly assessed.
Treatment Plan Consistency: The proposed plan including "Physiotherapy referral," "Core strengthening exercises," and "NSAIDs PRN" is directly supported by the literature, which recommends "non-pharmacologic interventions, such as physiotherapy and core strengthening exercises," and "NSAIDs as needed for pain control" (Source: literature_example.pdf). The plan for follow-up also aligns with the literature's recommendation that "follow-up is essential to monitor progress."