

EHR Report

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Clinical Report: Likely Diagnosis

Patient Information:

Name: Michael Rodriguez
DOB: 1975-04-22 (49 years old at encounter)
Sex: Male
MRN: 00291837
Encounter Date: 2025-05-01

Chief Complaint: Chronic lower back pain

Summary of Relevant EHR Data:

History of Present Illness:
Lower back pain for 3 months.
Pain exacerbated by sitting.
No history of trauma.
No associated numbness or tingling reported.
Past Medical History: Hypertension, Hyperlipidemia.
Medications: Amlodipine 5mg daily, Atorvastatin 20mg daily.
Vitals: BP 132/84, HR 78 bpm, Temp 36.7C, SpO2 98%. (Within normal limits for current presentation).
Physical Exam (Musculoskeletal):
Tenderness noted over L4-L5 vertebral level.
Limited forward flexion of the lumbar spine.
EHR Assessment: Chronic mechanical low back pain.

Clinical Interpretation: Likely Diagnosis

Based on EHR Objective Data:

The EHR directly states an assessment of "Chronic mechanical low back pain." This assessment is consistent with the patient's presentation:

Duration: Pain for 3 months, classifying it as chronic.
Nature of Pain: Aggravated by sitting, a common characteristic of mechanical low back pain.
Absence of Neurological Symptoms: No reported numbness or tingling, which suggests the absence of radiculopathy or significant nerve root compression.
Physical Exam Findings: Tenderness localized to the L4-L5 region and limited forward flexion are consistent with a musculoskeletal origin of pain.

Reasoning for Likelihood:

The clinician's assessment in the EHR, "Chronic mechanical low back pain," is directly supported by the subjective history (duration, aggravating factors, absence of red flags) and objective physical exam findings (localized tenderness, restricted movement). The term "mechanical" implies that the pain originates from the spine, musculature, or ligaments, rather than from a systemic disease or specific nerve impingement requiring immediate advanced intervention beyond conservative management.

Uncertainty/Missing Information:

No imaging studies (e.g., X-ray, MRI) were provided to assess underlying structural causes or confirm the mechanical nature of the pain.
No specific laboratory results were provided, which could rule out inflammatory or systemic causes, though these are less likely given the described presentation.
The exact pain intensity or functional impact (e.g., specific activities limited) beyond "worse when sitting" is not detailed in the provided HPI.

Conclusion:

Based on the provided EHR data, the most likely diagnosis is **Chronic mechanical low back pain**, as directly assessed by the treating clinician. This diagnosis is well-supported by the patient's history and physical exam findings within the EHR.