

# EHR Report

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## \*\*Clinical Report: Likely Diagnosis\*\*

\*\*Patient:\*\* Michael Rodriguez (MRN: 00291837, DOB: 1975-04-22, Male)

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

\*\*Clinician:\*\* Dr. Aisha Patel

### \*\*1. Assessment of Stated Diagnosis\*\*

\* \*\*EHR Stated Diagnosis:\*\* Chronic mechanical low back pain.

### \*\*2. Supporting Evidence from EHR\*\*

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

\* \*\*History of Present Illness:\*\*

\* Pain for 3 months, indicating chronicity.

\* Pain is worse when sitting, a common exacerbating factor for CLBP.

\* Absence of trauma, numbness, or tingling, which reduces suspicion for acute injury or significant radiculopathy.

\* \*\*Physical Exam (Musculoskeletal):\*\*

\* Tenderness over L4-L5, consistent with localized mechanical back pain.

\* Limited forward flexion, a common finding in CLBP patients.

\* \*\*Past Medical History:\*\* Hypertension, Hyperlipidemia. These are common comorbidities associated with CLBP as noted in the literature.

\* \*\*Current Medications:\*\* Amlodipine 5mg daily, Atorvastatin 20mg daily, managed for his documented hypertension and hyperlipidemia.

\* \*\*Vitals:\*\* BP 132/84, HR 78, Temp 36.7C, SpO2 98%. Vitals are stable and within acceptable limits, particularly considering his history of hypertension (BP is controlled).

\* \*\*Plan:\*\* Physiotherapy referral, core strengthening exercises, NSAIDs PRN, and follow up in 4 weeks. This plan aligns with evidence-based management strategies for CLBP.

### \*\*3. Integration with Provided Literature\*\*

The EHR data strongly aligns with the description of Chronic Low Back Pain (CLBP) presented in `literature\_example.pdf`:

\* \*\*Clinical Presentation:\*\* The literature states, "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." This directly corresponds to Mr. Rodriguez's exam findings (tenderness L4-L5, limited forward flexion) and HPI (pain worse when sitting).

\* \*\*Comorbidities:\*\* The literature notes that "Comorbidities such as hypertension and hyperlipidemia are common and should be considered in the management plan." Mr. Rodriguez's documented medical history includes both hypertension and hyperlipidemia, further supporting the typical clinical picture of a CLBP patient.

\* \*\*Management Strategy:\*\* The planned interventions (Physiotherapy referral, core strengthening exercises, NSAIDs PRN, follow-up) are explicitly recommended in the literature for CLBP management: "Physiotherapy interventions focusing on motor control, flexibility, and posture correction are recommended," "Core strengthening programs... have demonstrated improvements...", "Pharmacologic treatment may include non-steroidal anti-inflammatory drugs (NSAIDs) as needed for pain control," and "Follow-up is essential."

### \*\*4. Conclusion\*\*

Based on the comprehensive EHR data and its strong correlation with the provided medical literature, the stated diagnosis of \*\*Chronic mechanical low back pain\*\* for Michael Rodriguez is well-supported and consistent with the clinical presentation and planned management. The patient exhibits classic symptoms, physical exam findings, and relevant comorbidities as described in the literature.