

EHR Report

Generated: 2025-11-26 05:08:28

Clinical Report: Likely Diagnosis

Patient Information:

* **Name:** Michael Rodriguez
* **DOB:** 1975-04-22 (Age: 50 years at encounter)
* **Sex:** Male
* **MRN:** 00291837
* **Encounter Date:** 2025-05-01

EHR-Identified Assessment:

The Electronic Health Record (EHR) explicitly states the primary assessment as:
* **Chronic mechanical low back pain**

Clinical Interpretation and Supporting Data:

This assessment is supported by the following objective data extracted from the EHR:

1. **Chief Complaint & History of Present Illness (HPI):**

* **Objective Data:** Patient presents with "Chronic lower back pain" of 3 months' duration. The pain is reported as "worse when sitting."
* **Interpretation:** The chronicity (3 months) and association with specific postures (sitting) are consistent with a mechanical etiology.
* **Absence of Red Flags:** The HPI explicitly states "no trauma" and "no numbness/tingling," which decreases the likelihood of acute traumatic injury, radiculopathy, or other neurological compromise.

2. **Physical Examination:**

* **Objective Data:** Musculoskeletal exam reveals "Tenderness over L4-L5" and "limited forward flexion."
* **Interpretation:** Localised tenderness and restricted movement are hallmark findings in mechanical back pain, indicating an issue with musculoskeletal structures rather than systemic or neurological causes.

3. **Past Medical History (PMH):**

* **Objective Data:** Hypertension, Hyperlipidemia.
* **Interpretation:** These comorbidities are noted but do not directly contribute to the etiology of mechanical low back pain. They are relevant for overall patient management (e.g., medication interactions).

4. **Vitals:**

* **Objective Data:** BP 132/84, HR 78, Temp 36.7C, SpO2 98%.
* **Interpretation:** Vitals are stable and within normal limits, showing no signs of acute distress, systemic inflammation (e.g., fever), or other acute illness that might suggest a non-mechanical cause for the back pain.

Conclusion:

Based on the integration of the patient's chief complaint, history of present illness, and physical examination findings, the EHR's assessment of **Chronic mechanical low back pain** is well-supported by the provided objective data. The absence of trauma, neurological symptoms, or systemic signs further reinforces this diagnosis, differentiating it from other potential causes of back pain such as disc herniation with radiculopathy, spinal stenosis, or inflammatory conditions. The patient's existing comorbidities of hypertension and hyperlipidemia are important for overall health management but do not directly relate to the etiology of the back pain presented.