

EHR Report

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Clinical Report: Likely Diagnosis for Michael Rodriguez

1. Diagnosis (from EHR Assessment)

Chronic mechanical low back pain.

2. Supporting Clinical Data (Objective from EHR)

Chief Complaint: Chronic lower back pain.

History of Present Illness: Pain for 3 months, worse when sitting, no trauma, no numbness/tingling.

Physical Exam: Tenderness over L4-L5, limited forward flexion.

3. Clinical Interpretation and Context

The documented assessment of "Chronic mechanical low back pain" is directly supported by the patient's presentation. Michael Rodriguez's chief complaint of chronic lower back pain, duration of 3 months, exacerbation with sitting, and specific physical exam findings (tenderness over L4-L5, limited forward flexion) align with the typical presentation of chronic mechanical low back pain as described in the provided literature. The absence of trauma, numbness, or tingling further supports a mechanical etiology over radicular or acute inflammatory causes.

4. Relevant Comorbidities and Management Considerations

The patient has a past medical history of hypertension and hyperlipidemia, both of which are noted in the provided literature as common comorbidities in patients with chronic low back pain and should be considered in the overall management plan. Current medications include Amlodipine and Atorvastatin, which manage these conditions.

5. Current Management Plan (from EHR)

The current plan includes a physiotherapy referral, core strengthening exercises, NSAIDs PRN for pain control, and follow-up in 4 weeks. This aligns with the literature's recommendations for non-pharmacologic interventions (physiotherapy, core strengthening) and pharmacologic treatment (NSAIDs) for CLBP.