# EHR Report

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**Clinical Report: Michael Rodriguez - 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
*   **Clinician:** Dr. Aisha Patel

**Chief Complaint:**
*   Chronic lower back pain for 3 months.

**Objective Data from EHR:**

*   **History of Present Illness:** Pain for 3 months, exacerbated by sitting. No reported trauma. Denies numbness or tingling.
*   **Past Medical History:** Hypertension, Hyperlipidemia.
*   **Current Medications:** Amlodipine 5mg daily, Atorvastatin 20mg daily.
*   **Allergies:** None reported.
*   **Vitals:** BP 132/84, HR 78 bpm, Temp 36.7C, SpO2 98%. (Within normal limits for this encounter).
*   **Physical Exam (Musculoskeletal):** Tenderness observed over L4-L5 vertebrae. Limited forward flexion of the lumbar spine.
*   **Clinician's Assessment:** Chronic mechanical low back pain.
*   **Plan:** Physiotherapy referral, core strengthening exercises, NSAIDs PRN, follow up in 4 weeks.

**Clinical Interpretation and "Likely Diagnosis" based on EHR Data:**

Based on the provided EHR, the **clinician's documented assessment** for Mr. Rodriguez is **Chronic mechanical low back pain**.

This assessment is supported by the following objective data:
*   **History:** The pain has been ongoing for 3 months, qualifying it as chronic. The absence of specific trauma, and denial of neurological symptoms (numbness/tingling), suggests a non-radicular or non-neuropathic origin. The exacerbation with sitting is a common presentation for mechanical back pain.
*   **Physical Exam:** Localized tenderness to palpation over the L4-L5 spinal segment and limited range of motion (forward flexion) further support a musculoskeletal, mechanical etiology for the pain, localizing it to the lumbar spine.

**Uncertainty/Missing Information:**
*   The EHR does not include detailed specifics on the pain quality, intensity (e.g., pain scale), or aggravating/alleviating factors beyond "worse when sitting."
*   There is no documentation of specific "red flag" symptoms for serious spinal pathology (e.g., unexplained weight loss, fever, bladder/bowel dysfunction, saddle anesthesia), which, if present, would broaden the differential considerations.

**Conclusion:**
The available EHR data consistently points towards the clinician's documented assessment of chronic mechanical low back pain. The history and physical exam findings align with this interpretation, particularly the chronic nature, lack of neurological symptoms, and localized musculoskeletal findings. The treatment plan (physiotherapy, core strengthening, NSAIDs) is consistent with management strategies for mechanical low back pain.