

EHR Report

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Clinical Report: Likely Diagnosis

Patient: Michael Rodriguez (MRN: 00291837)
Encounter Date: 2025-05-01
Clinician: Dr. Aisha Patel

1. Primary Diagnosis (from EHR Assessment)
Chronic mechanical low back pain

2. Supporting EHR Data & Clinical Interpretation

Chief Complaint & History of Present Illness: Mr. Rodriguez presents with a chief complaint of "Chronic lower back pain" which has persisted for 3 months. The pain is reported to be "worse when sitting," without history of trauma or neurological symptoms such as numbness/tingling. This temporal duration (3 months) and description are consistent with a chronic presentation, and the exacerbation with sitting suggests a mechanical component.

Physical Examination Findings: Musculoskeletal examination reveals "tenderness over L4-L5" and "limited forward flexion." These objective findings directly correlate with the patient's subjective complaints and are characteristic signs observed in mechanical low back pain.

Vitals: Current vitals (BP 132/84, HR 78, Temp 36.7C, SpO2 98%) are stable and do not suggest an acute inflammatory or infectious process contributing to the back pain.

Past Medical History: The presence of Hypertension and Hyperlipidemia are noted comorbidities, which, as per the literature, "are common and should be considered in the management plan," though not directly diagnostic of the back pain itself.

3. Alignment with Clinical Literature (literature_example.pdf)

The patient's presentation aligns with the description of Chronic Low Back Pain (CLBP) as outlined in the provided literature:

The literature states that "Chronic low back pain (CLBP) is a prevalent condition affecting adults, often exacerbated by prolonged sitting and poor posture." Mr. Rodriguez's 3-month duration of pain, "worse when sitting," directly supports this characterization.

It further notes that "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." Mr. Rodriguez's examination findings of "tenderness over L4-L5" and "limited forward flexion" are precisely those described in the literature as indicative of chronic mechanical low back pain.

4. Conclusion

Based on the explicit assessment in the EHR ("Chronic mechanical low back pain"), corroborated by the chief complaint, history of present illness, and physical examination findings, the diagnosis of chronic mechanical low back pain is well-supported. The patient's clinical picture is consistent with established clinical descriptions of this condition as outlined in the provided literature.