

EHR Report

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Clinical Report: Michael Rodriguez - Assessment of Chronic Lower Back Pain

Patient Demographics:

Name: Michael Rodriguez
DOB: 1975-04-22 (Age: 50 years at encounter date)
Sex: Male
MRN: 00291837

Encounter Details:

Date: 2025-05-01
Type: Outpatient
Clinician: Dr. Aisha Patel

Chief Complaint:

Chronic lower back pain.

Clinician's Documented Assessment:

The clinician, Dr. Aisha Patel, has documented an assessment of "Chronic mechanical low back pain."

Supporting Clinical Findings (from EHR):

History of Present Illness:
Pain duration: 3 months (chronic).
Aggravating factor: Worse when sitting.
Absence of trauma reported.
Absence of neurological symptoms: No numbness/tingling reported.
Physical Examination (Musculoskeletal):
Tenderness noted over L4-L5 vertebrae.
Limited forward flexion observed.
Past Medical History: Hypertension, Hyperlipidemia (no direct relevance to current back pain etiology).
Medications: Amlodipine, Atorvastatin (no direct relevance to current back pain etiology).
Vitals: Within normal limits (BP 132/84, HR 78, Temp 36.7C, SpO2 98%). No acute vital sign abnormalities suggesting systemic causes of back pain.

Interpretation and Clinical Reasoning for Documented Assessment:

Based on the provided EHR data, the documented assessment of "Chronic mechanical low back pain" is strongly supported by the patient's presentation and objective findings.

- Chronicity:** The pain duration of 3 months clearly classifies it as chronic.
- Mechanical Features:**
 - The complaint of pain worsening with sitting is a common characteristic of mechanical back pain, often related to disc or facet joint loading.
 - Physical exam findings of tenderness at L4-L5 and limited forward flexion are consistent with localized musculoskeletal involvement, further supporting a mechanical etiology rather than inflammatory or systemic causes.
 - The explicit absence of reported trauma and neurological symptoms (numbness/tingling) reduces the likelihood of acute traumatic injury or significant nerve root impingement/radiculopathy as the primary diagnosis, further directing towards a mechanical origin.
- Absence of Red Flags:** There are no immediate "red flag" symptoms or signs (e.g., unexplained weight loss, fever, severe nocturnal pain, progressive neurological deficit, bowel/bladder dysfunction, saddle anesthesia) noted in the provided EHR data that would suggest a more serious underlying spinal pathology (e.g., infection, malignancy, cauda equina syndrome).

Summary of Likelihood:

The patient's history, symptom characteristics, and physical exam findings documented in the EHR align consistently with the clinician's assessment of chronic mechanical low back pain. The absence of reported red flags further supports this diagnosis as the most likely based on the available information.