



**POST INJECTION PAIN
RESPONSE NOTE**
UTILIZATION REVIEW DIVISION
SFN 60492 (08/2014)

1600 EAST CENTURY AVENUE, SUITE 1
PO BOX 5585
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Toll Free Telephone 1-888-777-5871
Toll Free Fax 1-866-356-6433
TTY (hearing impaired) 1-800-366-6888
www.WorkforceSafety.com

A WSI URC request form must be completed to initiate a UR review

Date		
Claim Number	Injured Worker	Date of Birth
Date of last injection	Type of last injection	
Pain score before last injection (ie 0-10 with 10 being the worst pain)	Pain score after last injection (ie 0-10 with 10 being the worst pain)	
How long did injection help		
Has functional status improved <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how		
Has sleeping status improved <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how		
Current pain score (ie 0-10 with 10 being the worst pain)		
Current symptoms related to injection request		
Clinic Name		
Nurse or Provider's signature		