WSI
North Dakota Workforce Safety & Insurance

UR REVIEW REQUEST

UTILIZATION REVIEW DIVISION
SFN 58385 (05/2022)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone Number 701-328-5990
Toll Free Number 888-777-5871
Local Fax 701-328-3765
Toll Free Fax 866-356-6433
TTY Number (hearing impaired)
701-328-3786
www.workforcesafety.com

Fax recent medical notes with request to 866-356-6433. To prevent a delay of your review complete required sections 1-4. Retrospective review requests – complete the Medical Bill Appeal (M6) form based on receipt of a denied bill.

SECTION 1 – *Injured employee's information*			
Date	Claim number	Injured employee's (First name)	(Last name)
Date of injury		Date of birth	Social Security number*

SECTION 2 – *Facility requesting services*		
☐ Precertification ☐ Appeal	Scheduled date of procedure/admission	
Person to notify with decision	Preferred method of notification of recommendation ☐ Telephone call **OR** ☐ Fax	
Telephone number	Fax number	
Facility name	Facility mailing address	
City	State	ZIP code
Facility telephone number	Facility fax number	

SECTION 3 – *Ordering provider information*		
Provider's full name (MD, NP, PA)	Provider's NPI	Date of recent office visit
Clinic name	Clinic mailing address	
City	State	ZIP code
Clinic Federal Tax ID	Clinic telephone number	

SECTION 4 – *Facility where services will be provided*		
Facility name	Facility address	
City	State	ZIP code
Facility Federal Tax ID	Facility telephone number	

****Complete only the section(s) for the service(s) being requested****

SECTION 5 – *Imaging request*
☐ MRI ☐ Arthrogram ☐ MRI Arthrogram ☐ CT Myelogram ☐ CT Scan ☐ Discogram (Required level(s)) ☐ Bone Scan ☐ PET Scans ☐ Other
Area of body for procedure

* In compliance with the Federal Privacy Act of 1974, disclosure of the Social Security number on this form is mandatory pursuant to N.D.C.C. § 65-05-02. The Social Security number is used for identification and verification purposes. Failure to provide this information may result in a delay in processing your request.

Form continued on next page. Submit all pages to WSI.

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Claim Number	Injured employee's (First name)	(Last name)

SECTION 6 – *Surgery request*

☐ Outpatient ☐ Inpatient	Non-implantable DME (Refer to WSI DME Guide)

Type of surgery

Workforce Safety & Insurance (WSI) requires additional forms for certain surgeries. The forms are located under Medical Treatment Guidelines section of our website, www.workforcesafety.com.

SECTION 7 – *Injection request (**Levels are required where indicated)*

Epidural steroid injection (ESI)

☐ translaminar / intralaminar ESI ☐ cervical ☐ thoracic ☐ lumbar ☐ caudal

☐ transforaminal ESI or selective nerve root block: specific level(s) required** _____ ☐ right ☐ left ☐ bilateral

Regional sympathetic block

☐ upper extremity: stellate ganglion block ☐ right ☐ left ☐ bilateral number of injection(s) _____

☐ lower extremity: lumbar sympathetic block ☐ right ☐ left ☐ bilateral number of injection(s) _____

☐ Intra-articular sacroiliac (SI) joint injection (fluoroscopy or CT guidance) ☐ right ☐ left ☐ bilateral

☐ Botox injection: area _____

☐ Viscosupplementation (Hyaluronic acid) injection area _____ ☐ right ☐ left ☐ bilateral

☐ Series number of injection(s) _____

☐ Synvisc® One injection

☐ Facet joint intra-articular block** Level(s) _____ ☐ right ☐ left ☐ bilateral

☐ Facet medial branch block** Level(s) _____ ☐ right ☐ left ☐ bilateral

☐ Radiofrequency medial branch neurotomy (ablation)** Level(s) _____ ☐ right ☐ left ☐ bilateral

☐ Other (examples: peripheral nerve block(s) or plexus block(s)) _____

SECTION 8 – *Therapy request (Complete section per therapist treatment plan)*

☐ Occupational ☐ Physical ☐ Speech

Chief complaint	Date of surgery (if applicable)

Area of body

Specific treatment (i.e. exercise, modalities)

Start date of upcoming treatment	End date of upcoming treatment	Total number of visits being requested

Have all prior approved visits been completed? ☐ Yes ☐ No ☐ N/A	Date of last visit	Number of visits used

Therapist name

SECTION 9 – *Additional comments*