



North Dakota Workforce
Safety & Insurance

**POST INJECTION PAIN
RESPONSE NOTE**
UTILIZATION REVIEW DIVISION
SFN 60492 (07/2014)

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
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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)
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How long did injection help

Has functional status improved
 Yes No
 If yes, how

Has sleeping status improved
 Yes 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