DIAGNOSTIC GUIDELINE D5, NEUROIMAGING FOR HEADACHE

Neuroimaging is not covered in patients with a defined tension or migraine type of headache, or a variation of their usual headache (e.g. more severe, longer in duration, or not responding to drugs).

Neuroimaging is covered for headache when a red flag* is present.

*The following represent red flag conditions for underlying abnormality with headache:
   A. New onset or change in headache in patients who are aged over 50
   B. Thunderclap headache: rapid time to peak headache intensity (seconds to 5 minutes)
   C. Focal neurological symptoms (e.g. limb weakness, lack of coordination, numbness or tingling)
   D. Non-focal neurological symptoms (e.g altered mental status, dizziness)
   E. Abnormal neurological examination
   F. Headache that changes with posture
   G. Headache wakening the patient up (Nota bene migraine is the most frequent cause of morning headache)
   H. Headache precipitated by physical exertion or valsalva maneuver (e.g. coughing, laughing, straining)
   I. Patients with risk factors for cerebral venous sinus thrombosis
   J. Jaw claudication
   K. Nuchal rigidity
   L. New onset headache in a patient with a history of human immunodeficiency virus (HIV) infection
   M. New onset headache in a patient with a history of cancer
   N. Cluster headache, paroxysmal hemiconia, short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT), or short-lasting unilateral neuralgiform headache attacks with cranial autonomic features (SUNA).

The development of this guideline note was informed by a HERC coverage guidance.

See http://www.oregon.gov/oha/herc/Pages/blog-neuroimaging-headache.aspx