



CLINICAL GUIDELINES

CMM-402: Greater Occipital Nerve Injections and Ablation Guidelines

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EviCore
By **EVERNORTH**

EviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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CMM-402: Greater Occipital Nerve Injections and Ablation

Definitions**General Guidelines****Indications****Non-Indications****Codes (CMM-402)****References (CMM-402)**

Definitions

- **Behavioral Yellow Flags:** an active or history of substance abuse, depression, dissatisfaction with work, job disability, or anxiety diagnosis.
- **Clinically Meaningful Improvement:** a global assessment showing at least 50% improvement, or pain relief with a two (2) point drop in VAS pain scale (where 10 is the worst pain imaginable and 0 is no pain at all).
- **Greater Occipital Nerve (GON):** nerve that arises from the medial division of the dorsal ramus of the C2 spinal nerve. It runs backward between the C1 and C2 vertebrae and traverses between the inferior capitis oblique and semispinalis capitis muscles from underneath the suboccipital triangle. The GON innervates the skin of the back of the scalp up to the vertex of the skull, the ear, and the skin just above the parotid gland.
- **Greater Occipital Nerve Ablation:** Radiofrequency ablation involves the insertion of a radiofrequency probe towards the greater occipital nerve. The radiofrequency electrode is then utilized to create a heat lesion by coagulating the greater occipital nerve.
- **Greater Occipital Nerve Block (GONB):** an injection of a small dose of local anesthetic and/or steroid around the greater occipital nerve. The injections may be given unilateral or bilateral. The GONB block aims to help by reducing the level of pain for a period of time.
- **Occipital Neuralgia:** a distinct type of headache characterized by piercing, throbbing, or electric-shock-like chronic pain in the upper neck, back of the head, and behind the ears, usually on one side of the head. Typically, the pain of occipital neuralgia begins in the neck and then spreads upwards. Some individuals will also experience pain in the scalp, forehead, and behind the eyes. Their scalp may also be tender to the touch, and their eyes especially sensitive to light. The location of pain is related to the areas supplied by the greater and lesser occipital nerves, which run from the area where the spinal column meets the neck, up to the scalp at the back of the head. The pain is caused by irritation or injury to the nerves, which can be the result of trauma to the back of the head, pinching of the nerves by overly tight neck muscles, compression of the nerve as it leaves the spine due to osteoarthritis, or tumors or other types of lesions in the neck.
 - ◆ A positive response (relief from pain) after an anesthetic and/or steroid nerve block will confirm the diagnosis.
- **Red Flags:** comorbidities that require urgent/emergent diagnostic imaging and/or referral for definitive diagnosis and treatment.

General Guidelines

Application of Guideline

- In regards to greater occipital nerve blocks, this guideline only applies to greater occipital nerve blocks used to treat occipital neuralgia and not to other techniques

used to treat occipital neuralgia nor to other conditions treated by greater occipital nerve blocks.

Injectates

- In regards to injectates used for greater occipital nerve blocks, this guideline only applies to injections of anesthetic and/or steroid and does not apply to injections of biologics (e.g., platelet rich plasma, stem cells, amniotic fluid, etc.) and/or any other injectates that are not in scope of management.

Frequency & Number of Injections/Procedures

- Only one invasive interventional spinal modality or procedure will be performed on the same date of service.
- When criteria in the **Indications** section is met, up to six (6) greater occipital nerve blocks total (whether unilateral or bilateral) are permitted in 12 months
- At least four (4) week duration is required between the last occipital nerve block, cervical trigger point injection, or cervical facet injection/medial branch block

Indications

Initial Greater Occipital Nerve Block

The initial greater occipital nerve block for occipital neuralgia is considered **medically necessary** when **ALL** of the following criteria have been met:

- Clinical findings and/or imaging studies suggest no other obvious cause of the headache
- A comprehensive headache evaluation must be performed with consideration of alternative causes such as **ANY** of the following:
 - ◆ Exertional headache
 - ◆ Migraine with or without aura
 - ◆ Medication overuse headache
- Diagnosis of occipital neuralgia as evidenced by **BOTH** of the following:
 - ◆ Paroxysmal stabbing pain, (with or without aching between attacks), in the distribution of the greater occipital nerve
 - ◆ Tenderness over the affected nerve

Second and Subsequent Greater Occipital Nerve Block(s)

The second and subsequent greater occipital nerve block(s) for recurrent occipital neuralgia are considered **medically necessary** when **ALL** of the following criteria have been met:

- Clinical findings and/or imaging studies suggest no other obvious cause of the headache

- A comprehensive headache evaluation must be performed with consideration of alternative causes such as **ANY** of the following:
 - ◆ Exertional headache
 - ◆ Migraine with or without aura
 - ◆ Medication overuse headache
- Clinically meaningful improvement after each injection (including the initial injection)
- The greater occipital nerve block (GONB) must be combined with a self-care program.
 - ◆ A self-care program may include **ANY** of the following:
 - Anti-inflammatory medications
 - Muscle relaxants
 - Rest
 - Massage
 - Heat
- Confirmed diagnosis of **recurrent** occipital neuralgia as evidenced by tenderness to palpation over the greater occipital nerve
- Evidence of **BOTH** of the following for individuals with chronic pain where there has been continuous opiate usage for three (3) months or longer:
 - ◆ Co-management of behavioral health and medical conditions
 - ◆ A plan to address potential opiate overuse or abuse

Non-Indications

Greater Occipital Nerve Blocks

- Greater occipital nerve blocks performed without meeting the criteria listed in the **Definitions**, the **General Guidelines**, and the **Indications** sections are considered **not medically necessary**.
- Use of an injectate other than anesthetic and/or steroid is considered **not medically necessary**.

Occipital Nerve Ablation

- Occipital nerve ablation by any method is considered **not medically necessary**.

Codes (CMM-402)

The inclusion of any code in this table does not imply that the code is under management or requires prior authorization. Refer to the applicable health plan for management details. Prior authorization of a code listed in this table is not a guarantee of payment. The Certificate of Coverage or Evidence of Coverage policy outlines the terms and conditions of the member's health insurance policy.

Code	Code Description/Definition
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve
64640	Destruction by neurolytic agent, other peripheral nerve or branch

References (CMM-402)

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