



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
OCCIPITAL NEURALGIA
(Reasonable Hypothesis)
(No. 73 of 2025)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 22 August 2025

Professor Terence Campbell AM
Chairperson
by and on behalf of
The Repatriation Medical Authority

Contents

1	Name	3
2	Commencement	3
3	Authority	3
4	Application.....	3
5	Definitions.....	3
6	Kind of injury, disease or death to which this Statement of Principles relates.....	3
7	Basis for determining the factors	4
8	Factors that must exist	4
9	Relationship to service	6
10	Factors referring to an injury or disease covered by another Statement of Principles.....	6
Schedule 1 - Dictionary		7
1	Definitions.....	7

1 Name

This is the Statement of Principles concerning *occipital neuralgia (Reasonable Hypothesis)* (No. 73 of 2025).

2 Commencement

This instrument commences on 22 September 2025.

3 Authority

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

4 Application

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

5 Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

6 Kind of injury, disease or death to which this Statement of Principles relates

- (1) This Statement of Principles is about occipital neuralgia and death from occipital neuralgia.

Meaning of occipital neuralgia

- (2) For the purposes of this Statement of Principles, occipital neuralgia:
- (a) means unilateral or bilateral paroxysmal attacks of severe pain, of shooting, stabbing or sharp quality, in the posterior part of the scalp lasting from a few seconds to minutes, in the distribution of the greater, lesser and/or third occipital nerves; and
 - (b) the pain is associated with dysaesthesia (an unpleasant sensation) and/or allodynia (pain) apparent during innocuous stimulation of the scalp and/or hair (e.g. brushing hair); and
 - (c) there is tenderness over the affected nerve branches and/or trigger points at the emergence of the greater occipital nerve or in the distribution of the second cervical nerve; and
 - (d) excludes:
 - (i) cervicogenic headache;
 - (ii) cluster headache;
 - (iii) migraine;
 - (iv) tension-type headache; and
 - (v) trigeminal neuralgia.

Note 1: Occipital nerve entrapment is an example of a condition that may be included in occipital neuralgia.

Note 2: The pain of occipital neuralgia is eased temporarily by local anaesthetic block of the affected occipital nerve(s).

- (3) While occipital neuralgia attracts ICD-10-AM code M54.81, in applying this Statement of Principles the meaning of occipital neuralgia is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

Death from occipital neuralgia

- (5) For the purposes of this Statement of Principles, occipital neuralgia, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's occipital neuralgia.

Note: **terminal event** is defined in the Schedule 1 – Dictionary.

7 Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that occipital neuralgia and death from occipital neuralgia can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the MRCA.

Note: **MRCA**, **relevant service** and **VEA** are defined in the Schedule 1 – Dictionary.

8 Factors that must exist

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting occipital neuralgia or death from occipital neuralgia with the circumstances of a person's relevant service:

- (1) having concussion or moderate to severe traumatic brain injury within the 3 months before clinical onset or clinical worsening;
- (2) having trauma to the neck or back of the head within the 3 months before clinical onset or clinical worsening;

Note 1: **trauma to the neck or back of the head** is defined in the Schedule 1 – Dictionary.

Note 2: Examples of trauma to the neck or back of the head include fracture of the occipital bone, fracture, subluxation, dislocation or instability of the cervical spine, whiplash injury, strain of the cervical ligaments or sprain of the cervical muscles. Examples of circumstances where this trauma may occur include motor vehicle accidents, a fall from height, playing sports, or gunshot wound.

- (3) having surgery involving the upper neck or base of skull within the 12 months before clinical onset or clinical worsening;

Note: Examples of types of surgery involving the upper neck or base of skull include occipital-cervical fusion, fusion of the first or second cervical vertebra (also known as atlantoaxial fusion), insertion of screw into first or second cervical vertebrae, or craniotomy.

- (4) having cervical spondylosis involving the upper cervical spine before clinical onset or clinical worsening;

Note: Upper cervical refers to cervical levels C1, C2 or C3.

- (5) having a mass lesion which compresses, displaces or infiltrates the affected upper cervical spinal cord, upper cervical spinal nerves, or occipital nerve, at the time of clinical onset or clinical worsening;

Note 1: Examples of a mass lesion include excessive callus formation, cyst, benign or malignant neoplasm, cavernoma (cavernous angioma), dural arteriovenous fistula or abscess.

Note 2: Upper cervical refers to cervical levels C1, C2 or C3.

- (6) having acute herpes zoster involving the affected occipital nerve, within the 12 months before clinical onset or clinical worsening;

- (7) having one of the following diseases involving the upper cervical spinal cord at the time of clinical onset or clinical worsening:

- (a) Behcet syndrome;
- (b) infarction;
- (c) multiple sclerosis and clinically isolated syndrome;
- (d) myelitis; or
- (e) neuromyelitis optica.

Note: Upper cervical refers to cervical levels C1, C2 or C3.

- (8) having one of the following infections at the time of clinical onset or clinical worsening:

- (a) bacterial myositis or abscess of the upper cervical paravertebral muscles;
- (b) neurosyphilis; or
- (c) tuberculosis of the upper cervical vertebrae (Pott disease);
- (d) meningitis affecting the upper cervical level;

Note: Upper cervical refers to cervical levels C1, C2 or C3.

- (9) having rheumatoid arthritis of the upper cervical spine at the time of clinical onset or clinical worsening;

Note: Upper cervical refers to cervical levels C1, C2 or C3.

- (10) inability to obtain appropriate clinical management for occipital neuralgia before clinical worsening.

9 Relationship to service

- (1) The existence in a person of any factor referred to in section 8, must be related to the relevant service rendered by the person.
- (2) The clinical worsening aspect of factors set out in subsection 8 apply only to material contribution to, or aggravation of, occipital neuralgia where the person's occipital neuralgia was suffered or contracted before or during (but did not arise out of) the person's relevant service.

10 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

- (1) if a factor referred to in section 8 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(2) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 5

1 Definitions

In this instrument:

MRCA means the *Military Rehabilitation and Compensation Act 2004*.

occipital neuralgia—see subsection 6(2).

relevant service means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) non-warlike service under the MRCA.

Note: **MRCA** and **VEA** are defined in the Schedule 1 - Dictionary.

terminal event means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

trauma to the neck or back of the head means traction, stretching, compression or penetrating injury to the neck or back of the head.

VEA means the *Veterans' Entitlements Act 1986*.