## University of California QPLE - Headache AUC 2022-10-16

## **Priority Clinical Area Coverage**

This AUC reasonably addresses common and important clinical scenarios within the "Headache (traumatic and nontraumatic)" Priority Clinical Area (PCA) and thus meets the minimum requirement for qCDSM to cover that PCA. However, by CMS definition of relevancy, it is not considered relevant to that PCA, as further described here https://qple.ucop.edu/auc

Condition and Scores Appropriate - preferred (4) Appropriate (3) Not part of this AUC (2) Inappropriate (1) No AUC applicable (0)	CT head - wo contrast	CT head - with contrast	CT head wo/with contrast	CTA Head	CTV Head	CT sinus wo contrast	CT face wo contrast	CT face with contrast	orbits	CT orbits with contrast	MRI brain wo contrast	MRI brain w contrast MRI brain wo/with contras	MRA head wo	MRA head with	MRV wo	MRV with		MR Face wo contrast	orbit wo	orbit wo/with		US - vascular	Catheter angiography		FDG PET	Notes	
Sudden onset/severe/thunderclap; Triggered headache (including exercise & sex)	4	1	1	3	1	1	1	1	1	1	1	1	1	3 1	1	1	1	1	1 1	1		1	1	l	1		A 37,39,41,44,45,49
Chronic Primary HA, no new features	1	1	1	1	1	1	1	1	1	1	1	1	1	1 1	1	1	1	1	1 1	1		1	1	L	1		Consensus
Chronic headache, new neurologic symptoms	4	1	1	1	1	1	1	1	1	1	4	1	3	1 1	1	1	1	1	1 1	1		1	1	L	1		5,10,13,17,18,19,20,21,22,23,3 B 2,36,41,42,50,51,56,60,61
HA after minor head trauma	4	1	1	1	1	1	1	1	1	1	1	1	1	1 1	1	1	1	1	1 1	1		1	1		1		A 8,26,53,54
Suspected intracranial hypertension	3	1	1	1	3	1	1	1	1	1	4	1	3	1 1	3	3	3	1	1 1	1		1	1	L	1		C 14,43
HA Suspect intracranial hypotension	3	1	1	1	3	1	1	1	1	1	4	1	3	1 1	3	3	3	1	1 1	1		1	1	1	1		Consensus
New non-trauma HA with Horner's, meningitis, encephalitis, vomiting or neurosurgery within 30 days	2	2	2	2	2	2	2	2	2	2	2	2	2	2 2	2	2	2	2	2 2	2 2		2	2	2	2	*	Consensus
Trigeminal neuralgia, TAC	1	1	- 1	4	1	1	1	1	1	1	4	1	4 4	4 1	1	1	1	1	1 1	1		1	1	1	1	**	C 1,4,15,16,24,30,34,41,55,59
Suspected temporal arteritis	1	1	1	4	1	1	1	1	1	1	1	1	4	1 1	1	1	1	1	1 1	1		4	1	L	4		C 7,12,25,28,29,31,35,38,40,48,5
HA in patient of advancing age	4	1	1	1	1	1	1	1	1	1	1	1	1	1 1	1	1	1	1	1 1	1		1	1	L	1		C 6,21,22,57
New/progressive HA in pregnancy	3	1	1	1	1	1	1	1	1	1	4	1	1	1 1	3	1	1	1	1 1	1	Ш	1	1	L	1		C 46,47
Isolated HA, cancer (known or suspected)	4	4	1	1	1	1	1	1	1	1	4	1	4	1 1	1	1	1	1	1 1	1		1	1	L	1		C 9
Suspected sinus-related HA	1	1	1	1	1	4	1	1	1	1	1	1	1	1 1	1	1	1	1	1 1	1	Ш	1	1	1	1	***	Consensus
Suspected odontogenic-related HA	1	1	1	1	1	1	1	4	1	1	1	1	1	1 1	1	1	1	1	1 1	1		1	1	l	1		Consensus
Suspected orbital-related HA	1	1	1	1	1	1	1	1	1	4	1	1	1	1 1	1	1	1	1	1 1	3		1	1	1	1		Consensus

## Notes

 $^{st}$  Imaging should be based on presenting finding, not the presence of headache

\*\* Trigeminal neuralgia protocol

\*\*\* MR would not be 1st line; only if abn seen on CT

## \*AUC Evidence Grading

The Oxford Centre for Evidence Based Medicine is used for assigning AUC grades. The grades are based on the level of evidence of the references according to the following: Grade A = Level  $\bf 1$ 

Grade B = Level 2

Grade C = Level 3 or less

Contact Peter. Vigil@ucsf.edu to submit comments and to request changes to AUC.