

Occipital Neuralgia After a Car Accident in Georgia

The Nerve Pain That Can Be Mistaken for Migraine After a Crash

You've had headaches since the crash, but they don't feel like ordinary headaches. The pain starts near the base of your skull and shoots upward through one side of your scalp. Your scalp is tender, turning your neck can make the pain flare, and the medication that usually helps a headache isn't doing much. None of it started until after the [crash](#).

That pattern can be consistent with occipital neuralgia, but it isn't something a symptom list can diagnose. Migraine, cervicogenic headache, whiplash-related pain, and other post-traumatic headache disorders can overlap with occipital nerve pain. Getting the diagnosis right matters because the treatment can be very different.

At the [Law Offices of Gary Martin Hays & Associates, P.C.](#), our Georgia car accident lawyers handle claims where the most disruptive symptoms aren't obvious on the first X-ray or MRI. Occipital neuralgia can create that problem because the diagnosis often depends on the pain pattern, physical examination, and response to targeted treatment rather than one dramatic imaging finding.

The Anatomy Behind Occipital Neuralgia

The occipital nerves carry sensation from the upper neck into the back and top of the scalp. The greater occipital nerve is closely associated with the C2 level, while the lesser occipital nerve arises from the upper cervical plexus. When one of these nerves is irritated, compressed, or injured, the result can be shooting, electric, burning, or aching pain that travels from the neck into the scalp.

[Johns Hopkins Medicine](#) notes that occipital neuralgia may occur after prior injury, from a pinched nerve root in the neck, or when tight muscles at the back of the head entrap an occipital nerve. Tenderness where the nerve enters the scalp and pain that radiates forward are common clues, but there isn't one test that proves the diagnosis.

One of the most useful distinctions is also counterintuitive: pain in the back of the head doesn't automatically mean occipital neuralgia. Johns Hopkins describes true isolated occipital neuralgia as relatively rare and notes that migraine can also involve the greater occipital nerve. A careful evaluation has to separate the nerve pain from other [post-crash headache patterns](#) that can follow a collision.

How a Car Accident Can Irritate the Occipital Nerves

A collision can injure the neck without directly striking the back of the head. In a rear-end crash, rapid movement of the head and neck can produce [whiplash and upper-cervical soft-tissue injury](#). Trauma can also leave surrounding muscles tight and painful, which may irritate an occipital nerve along its course.

The medical question isn't whether every rear-end collision causes occipital neuralgia. It doesn't. The question is whether the crash created or worsened neck trauma that fits the

person's later symptoms, examination findings, and treatment response. That connection has to be built from the actual medical record rather than assumed from the crash type alone.

Several facts can become especially important when doctors are evaluating post-crash occipital nerve pain:

- **Whiplash And Upper-Neck Strain:** Sudden neck movement can strain muscles and other soft tissues near the path of the occipital nerves. Persistent tightness or inflammation may contribute to nerve irritation even when there isn't a fracture.
- **Direct Head Or Neck Trauma:** A blow to the back of the head, head restraint, window, or another part of the vehicle can injure the scalp or upper neck and create a more direct source of occipital nerve irritation.
- **Pre-Existing Cervical Changes:** Arthritis or degenerative changes may already narrow or irritate structures in the upper neck. Georgia law can still allow recovery when a crash [aggravates a pre-existing condition](#) and produces a measurable worsening of symptoms.

A routine scan also isn't a simple yes-or-no test for occipital neuralgia. [Neck pain and sensitivity at the base of the skull](#) may exist even when an MRI doesn't show a dramatic structural injury. Imaging can be useful for looking for other causes, but [a normal or modest imaging report doesn't explain every source of post-crash pain](#).

Proving the Connection Between the Crash and the Diagnosis

Occipital neuralgia is usually a clinical diagnosis. A doctor may look for tenderness along the nerve, reproduce the pain with pressure over the occipital region, evaluate neck movement, and consider whether the pain pattern follows an occipital nerve distribution. There isn't a single blood test, X-ray, or MRI that confirms every case.

An occipital nerve block can serve two purposes. It may temporarily reduce the pain, and a meaningful response can support the diagnosis. MRI or CT may also be ordered when a physician needs to look for an underlying structural cause or rule out another condition. The goal is to fit the test results into the clinical picture rather than treat one scan as the whole case.

Timing still matters. If headaches, scalp tenderness, or neck pain change after the initial emergency room visit, [seeing a doctor promptly after a car accident](#) creates a clearer record of when the symptoms appeared and how they progressed. That record can become especially important when the diagnosis comes weeks later.

[Delayed injury symptoms](#) don't automatically mean the crash wasn't responsible. At the same time, a lawyer shouldn't simply assume every later headache came from the collision. The strongest causation evidence usually combines the before-and-after medical history, consistent symptom reporting, examination findings, and the treating provider's opinion about what caused the condition.

Why Insurers Dispute Occipital Neuralgia Claims

Occipital neuralgia claims can invite disputes because the pain may be severe while routine imaging looks relatively ordinary. An adjuster may question whether the headaches came from

the crash, point to prior neck problems, focus on a delay in treatment, or argue that the vehicle damage doesn't match the symptoms being reported.

Vehicle damage alone doesn't diagnose or rule out a nerve injury. Crash information can help explain the forces involved, but medical causation ultimately depends on the person's symptoms, examination, records, and qualified medical opinions. That's particularly important when an insurer tries to turn a [low-speed crash measurement into a medical conclusion](#).

Pre-existing headaches or cervical degeneration can make the analysis more complicated, but they don't end it. The useful comparison is often what the person could do and what symptoms they had before the crash versus what changed afterward. New pain, greater frequency, different triggers, or the need for treatment that wasn't necessary before can help document an aggravation.

A delayed diagnosis can also happen because occipital neuralgia overlaps with migraine and other headache disorders. Persistent [shooting or burning nerve pain after a car accident](#) deserves follow-up when the initial treatment isn't working. The medical record is stronger when it shows that the symptoms were reported as they developed rather than appearing for the first time after settlement negotiations began.

Treatment, Long-Term Impact, and Medical Costs

Treatment depends on the cause and severity of the symptoms. Options may include medication, physical therapy directed at the neck and surrounding muscles, and occipital nerve injections. Johns Hopkins also describes procedures such as nerve decompression for selected patients whose symptoms remain severe despite conservative care. Surgery isn't the usual starting point, and not every patient needs it.

For someone whose pain becomes chronic, damages can extend beyond the cost of injections or appointments. Repeated headaches may interfere with sleep, concentration, driving, work, and family activities. Georgia claims can include documented medical expenses and lost income as well as [pain and suffering](#) and other day-to-day losses. For cases governed by [Georgia Senate Bill 68](#), jurors may hear evidence of both amounts billed for past medical care and amounts actually paid, then determine the reasonable value of that care.

Our Georgia Car Accident Lawyers Can Help When Headaches Persist

If pain began near the base of your skull after a crash and the first diagnosis or imaging hasn't explained it, don't rush into a [car accident settlement](#) before the medical picture is clear. [Contact us](#) so our Georgia car accident attorneys can review the crash, the treatment timeline, and the records an insurer may use to challenge causation.

Since 1993, we've recovered more than \$1 billion for Georgia families. We handle car accident injury cases on a contingency fee basis, so you don't pay attorney's fees unless we recover compensation for you. Your initial consultation is 100 percent free.