

Syed, Amena – Psychologist

In a decision released on June 13, 2023, the Inquiries, Complaints and Reports Committee decided to require Dr. Amena Syed to successfully complete a prescribed [Specified Continuing Education or Remedial Program](#) (SCERP). The substance of the SCERP is a [Coaching Program](#) consisting of a practice review, file review, and a directed reading program to address issues regarding use of and interpretation of psychometric tests, clarity of report writing, evaluation techniques, reasonableness of clinical opinions, and providing access to personal health information.

The decision of the Inquires, Complaints and Reports Committee was confirmed by the [Health Professions Appeal and Review Board](#) on February 5, 2025. https://members.cpbao.ca/public_register/show/21102

NOTE:

The Respondent in this case below is the accident survivor; it appears that Amena Syed, the IME provider has brought the appeal from a CPO decision.

This is not Dr. Syed's first warning from the CPO regulator. "26. In her March 31, 2022 response to the Committee, the Applicant provided additional context and submissions with respect to prior complaints and decisions regarding her professional practice." We can find no record of these complaints on the CPO website or on Canlii.

MCMI-III is a 175-item self-report inventory that assesses personality styles and clinical syndromes. It provides diagnostic classification according to both Axis I and Axis II of the DSM. The MCMI-III is based on Millon's theory of personality and psychopathology and yields scores on 24 scales, including 14 personality disorder scales.

M-FAST is the Miller-Forensic Assessment of Symptoms Test used to detect malingering mental illness.

Syed v Singh, 2025 CanLII 6815 (ON HPARB), <<https://canlii.ca/t/k99f6>

2. This decision arises from a request made to the Health Professions Appeal and Review Board (the Board) by Amena Syed, Ph.D, C.Psych. (the Applicant) to review a decision of the Inquiries, Complaints and Reports Committee (the Committee) of the College of Psychologists of Ontario (the College). The decision concerned a complaint regarding the conduct and actions of the Applicant filed by Siemona Singh (the Respondent). The Committee investigated the complaint and decided to require the Applicant to complete a SCERP as summarized above and reproduced in the Appendix

12. On June 23, 2023, following a four-year investigation, the Committee decided to require that the Applicant complete a SCERP.

15. The Respondent is concerned that:

- the opinions in the Applicant's assessment report(s) were unfair, biased, and/or based on inaccurate information;
- the Applicant incorrectly reported certain test results as being invalid or questionable;
- the Applicant failed to provide some of the Respondent's personal information to the Respondent's authorized representative, despite several requests and an order from the LAT;
- the Applicant failed to respond in an adequate manner to the Respondent's representative's requests for her information; and
- the Applicant failed to comply with a legal obligation to bring her complete file to the LAT hearing.

25. On August 17, 2020, in response to letters of July 6 and 7, 2020 from the Committee investigator on behalf of the Committee, the Applicant's Counsel provided responses to the Committee's existing concerns and questions regarding the Applicant's interpretation of test results, perceived bias by the Applicant, and timeline of events leading up to the LAT hearing as it pertains specifically to the Applicant's production of raw data.

42. Applicant's Counsel submitted that the Committee should not have considered the Respondent's complaint in the absence of an expert opinion because:

- During a conversation between the Committee's investigator and Counsel for the Respondent, the Counsel for the Respondent "is documented as saying many pejorative and unprofessional things about [the Applicant]", and these statements are potentially slanderous.
- Counsel for the Respondent provided an expert opinion from Dr. TM, who is the founder of the MCMI-III test, and was the basis of the Respondent's LAT appeal. In her response to the Committee, the Applicant challenged the reliability of the test.

67. After carefully considering all of the information related to this issue, the Committee stated:

- The Committee believes that the Applicant's conduct poses moderate risks to the public.
- The Committee thoroughly reviewed the Applicant's March 1, 2016 report and is of the view that her conclusions appear largely based on the lack of "objective psychometric evidence to substantiate the Respondent's subjective self-report of psychological impairment related to the subject motor vehicle accident." The Applicant ultimately concluded that, "Due to the unreliable and invalid findings of this evaluation, I am ruling out an Adjustment Disorder with Anxiety and Depressed Mood."
- The Committee notes, however, that in reviewing the Applicant's March 1, 2016 report, it appears that the Respondent passed the validity measures on the Rey 15, and the Survey of Pain Attitude was "within normal limits."
- The Committee is therefore concerned by the Applicant's statement that there was "no objective psychometric evidence" to substantiate the Respondent's concerns.
- From a plain reading of the report, it appears to the Committee that there was in fact some objective valid psychometric evidence. The Committee is also concerned that the Applicant appeared to "rule out" a diagnosis based on what she perceived to be a lack of "objective psychometric evidence" as opposed to concluding that she is unable to arrive at or confirm a diagnosis.
- The Committee is of the view that a psychologist should not "rule out" (i.e., remove) a diagnosis if they are of the view that the data they are interpreting is not reliable/valid.
- Next, the Committee reviewed the Applicant's testimony at the LAT hearing. The Committee notes that the Applicant appears to have agreed that on four out of the five psychometric tests that had validity measures, the Respondent's results were considered valid. The Committee notes that this testimony seems contradictory to the Applicant's opinion in her report that there was "no objective psychometric evidence" to substantiate the Respondent's self-reports.
- The Committee further notes that the Applicant agreed at the hearing that the Respondent's M-FAST results were valid, despite noting the results as questionable in her report. The Applicant explained at the LAT hearing that she was unable to ascribe "any sort of diagnosis or any validity to what [the Respondent] is saying because of the discrepancies that [the Applicant] found."
- The Committee notes that the Applicant provided examples of these discrepancies at the hearing and in response to the complaint. The Applicant also provided a detailed response to the Committee about her interpretations of the Respondent's validity scores. The Committee notes, however, that these discrepancies do not appear in the Applicant's report, nor does the Applicant provide any explanation in her report as to why she interpreted the Respondent's M-FAST score (which she testified was valid) to be questionable. In the absence of any context and explanation, the report and conclusion that there was "no objective psychometric evidence" appears to the Committee to be unreasoned and arbitrary.
- The Committee is also very concerned that the Applicant may have incorrectly reported at least one of the Respondent's psychometric test results.

68. The Committee concluded:

- The Committee is of the view that the impact risk in this case is moderate. Reports of this nature can affect a client's ability to access needed insurance funds and further treatment. These reports may also inform subsequent

medical care. Unclear reports, which may not be based on adequate information, can have serious consequences for clients. The Committee is of the view that the public expects psychologists to author reports which are clear, understandable and based on accurate information.

- The Committee is also of the view that there is a significant recurrence risk in these cases. The Committee notes that the Applicant received the following advice from the ICRC in 2017:

To avoid the appearance of unreasoned and arbitrary assessment results, it would be prudent to ensure that the rationale for your conclusions is clearly presented in your report.

- While the Committee acknowledges that this advice post-dates the Respondent's report and so the Applicant did not have the benefit of this advice in drafting the Respondent's report, it is concerning to the Committee that the Applicant does not appear to acknowledge any issues with her March 1, 2016 report, or its conclusions.

- The Committee therefore decided that it would be appropriate and in the public interest to require the Applicant to complete a SPERP consisting of both a course of directed reading and a file and practice review to address the concerns expressed by the Committee in this decision.

Issue Two: Access to Personal Information

Does it appear that the Applicant:

- a) failed to provide some of the Respondent's personal information to the Respondent's authorized representative, despite several requests and an order from the License Appeal Tribunal?**
- b) failed to respond in an adequate manner to the Respondent's representative's requests for her information?**
- c) failed to comply with a legal obligation to bring her complete file to the Tribunal hearing?**

72. Due to the Committee's concerns, the SCERP includes elements that address these issues.

73. The Committee noted all of the information provided by the parties, including the following:

From the Respondent

- The Applicant's report did not list the Respondent's actual test scores on the tests.
- The Respondent, therefore, was not in a position to have another psychologist assess whether the Applicant's conclusions were correct.
- The Respondent's representative obtained multiple orders from the LAT for the production of test data, but the Applicant was unresponsive.
- It was only after the LAT hearing was underway and the Applicant was summonsed to attend the hearing with her complete file that the Applicant agreed to provide her test data to another psychologist. At that time, it was too late for the Respondent to get a report from a psychologist about the data at the hearing.
- The Applicant only provided the answers to the questions on the MCMI-III and did not provide the profile generated by the test. The Respondent and her representative repeatedly requested that the Applicant provide those results and/or bring them to the hearing. The Applicant did not respond to those requests.
- It is the Respondent's understanding that the Applicant testified that the Respondent could have paid someone to enter the results and that is why she did not bring them despite being required to bring her complete file. The Respondent's representative asked the Applicant to call her office and have the results sent to her via email so that they were available at the hearing, but the Applicant refused.
- As the Respondent did not receive the test data until after the LAT hearing was started and well after the times to serve responding reports, the hearing went ahead with the Applicant's report as evidence.
- The Committee noted the Respondent's detailed account of the Respondent and her Counsel's attempts from February to July 2019 to obtain the test data from the Applicant.
- On July 9, 2019, the Applicant appeared to give evidence at the LAT hearing. She advised that she did not bring the MCMI-III test data results with her claiming that Dr. CH could have paid to do it herself. The Applicant was aware that Dr. CH did not own the scoring program and would have to purchase it.

- The Applicant refused to call her office to see if they could send her the MCMI-III test results during the hearing.
- The Respondent's legal representation believed that, considering their extensive efforts to get the Applicant to bring the MCMI-III test results to the hearing and the Applicant's refusal to get her office to send the results during the hearing, it appeared that the Applicant was deliberately and improperly withholding this information.

From the LAT Hearing Transcript

- The Committee reviewed the transcript of the Applicant's evidence given at the LAT hearing. The Committee noted:
 - o The Applicant confirmed that she did not bring the T-score results of the MCMI-III testing, nor the personality profile to the LAT hearing, explaining that while she had the PDF file, she did not print it out.
 - o The Applicant confirmed that she did not release the results of the scoring by the computer to Dr. CH when requested to do so because "she didn't feel that that's something that she can have. She can do it herself and score it and pay for that."
 - o The Applicant confirmed that she relied on these test results that she did not bring to the LAT hearing to support her conclusion that the assessment was not valid.
 - o The Applicant testified, "I don't understand why the test scores are so important when you're not entitled to interpret them."
 - o The Applicant indicated that she did not have the scores on the MCMI-III test from the second assessment with her at the LAT hearing. She said that she brought her file, but that the scores are "Stored separately on an encrypted... on the computer system at work." When asked if she could call someone at the office to get them, the Applicant said, "I don't think so. They're busy doing their own thing. I don't think anyone is in my office right now."
 - o When asked if the MCMI-III result was objectively a pass, the Applicant responded, "I don't agree with that because I don't have it."
 - o When asked by the adjudicator why she did not bring the numerical result of the MCMI-III validity testing with her to the hearing, the Applicant explained that it is a scored program on a software that is saved on her office computer system. The Applicant stated that she did not print that out for inclusion in her paper records. When asked why she did not print it out, the Applicant stated that she did not think of printing it out because it is on a separate drive.
 - o The Applicant explained that she did know the MCMI-III result was needed, but she thought it was needed to give to another psychologist, Dr. CH. The Applicant's understanding was not that she was supposed to bring the score to the hearing, but that she was to give it to Dr. CH. She did not give it to Dr. CH because "she can buy the software and score it herself."

74. After carefully reviewing the information related to this issue, the Committee believed that the Applicant's conduct poses moderate risks to the public. Specifically, the Committee was concerned with the Applicant's decision to not bring her complete file to the hearing and to not provide scoring results for the MCMI-III to Dr. CH, and her responses at the LAT hearing when requested to obtain information from the Respondent's file.

75. The Committee noted that the Applicant stated that she relied on the instruction of the insurer's lawyer to not respond to the Respondent's Counsel's requests for information (after June 26, 2019) and to not bring her clinical record to the hearing. The Committee noted that on June 25, 2019, the Respondent's Counsel faxed the Applicant a letter and summons which clearly ordered the Applicant to bring her complete file to the hearing. Furthermore, the Committee noted that the Applicant was testifying as a non-partisan expert at the LAT hearing and therefore was obliged to provide independent assistance to the trier of fact by way of an objective unbiased opinion.

76. The Committee observed that it appeared that the Applicant was obliged to bring her entire file to the hearing, as per the summons contained in the Record.

77. The Committee stated that the Applicant's decision to act on the advice of the insurer's lawyer to not comply with this summons was concerning to the Committee. The Committee was concerned that in doing so, the

Applicant may have acted in a partisan manner and denied the Respondent's Counsel access to the Respondent's personal health information on the day of the hearing.

78. Furthermore, the Committee was concerned with the Applicant's conduct at the LAT hearing, and with her refusal to obtain information from her file. The Committee noted that in response to a request to call someone at her office to bring the scoring results from the MCMI-III, the Applicant responded, "I don't think so. They're busy doing their own thing. I don't think anyone is in my office right now." The Committee was concerned that this response appeared obstructionist and unprofessional. The Committee commented that the Applicant appeared to acknowledge that she could have responded in a clearer manner to this question.

79. The Committee was also concerned with the Applicant's decision not to provide Dr. CH with the scoring results from the MCMI-III as she "didn't feel that that's something that she can have. She can do it herself and score it and pay for that." Once again, the Committee noted that the Applicant was to act as an independent, impartial assessor in this case, and it was unclear to the Committee why the Applicant decided to withhold this information from Dr. CH. The Applicant's explanation for this decision does not appear to be based on clinical judgment and may be interpreted as being obstructionist/partisan.

80. The Committee was concerned that when looking at the Applicant's conduct with respect to releasing health information in totality, it appeared that the Applicant may have made it difficult for the Respondent's representatives to access the Respondent's personal health information.

81. The Committee stated that it was concerned that the impact risk in this case is moderate, noting that access to personal health information is important for clients to be able to obtain second opinions, and to inform future treatment. Furthermore, the Committee was concerned that some of the Applicant's responses and conduct at the hearing appeared to be obstructionist, and that this may reflect poorly on the profession. The Committee stated that members of the public expect psychologists who are acting as expert witnesses to uphold their obligations to be impartial and non-partisan.

Hamilton v Security National Insurance Company, 2025 CanLII 8026 (ON LAT), <<https://canlii.ca/t/k9cf7>

PROCEDURAL ISSUES

Applicant's motion to exclude the s. 44 report of Dr. Amena Syed is denied

[6] The applicant sought to have the s. 44 report of Dr. Syed excluded from evidence on the basis that her clinical notes and records ("CNRs") were not produced as required by the May 24, 2024 Case Conference Report and Order ("CCRO"). The applicant argued that failure to produce the CNRs was highly prejudicial.

[7] The respondent submitted that it tried to obtain Dr. Syed's CNRs on several occasions; however, it never received a response to its requests. It submitted that it had complied with CCRO as it had made best efforts to obtain the CNRs. Furthermore, it submitted that exclusion of the report would be highly prejudicial as it is the very basis upon which they denied the applicant's plan for psychological services.

[8] The applicant's motion to exclude Dr. Syed's report is denied. [Section 15](#) of the [Statutory Powers Procedure Act](#), R.S.O. 1990, c. S.22 permits the Tribunal to admit at a hearing any document or thing that is relevant to the subject-matter of the hearing. I find Dr. Syed's report to be relevant in that it speaks to the applicant's psychological impairments. Furthermore, I find that exclusion of the report would be highly prejudicial to the respondent and any potential prejudice to the applicant can be cured by assigning appropriate weight to the report.

[14] The respondent submits that the applicant does not suffer from any accident-related psychological impairment and relies on the s. 44 psychological report of Dr. Syed wherein she opined that the applicant does not suffer from any DSM diagnosis and, therefore, the plan for psychological services is not reasonable and necessary. In

addition, the respondent submitted that any psychological impairments are pre-existing conditions, and relies on the CNRs of Locke Psychotherapy Group in support of this position.

[]

c) I find that the report of Dr. Syed is inconsistent with the reporting provided by the applicant. Dr. Syed's report indicates that the applicant denied feeling sad or depressed; however, the applicant disputed this during her testimony stating that this was not an accurate representation of what she reported to Dr. Syed. I am persuaded by the applicant's submission that the report is inaccurate as it outlines several psychological symptoms including stress, crying spells, excessive worry, anhedonia, sleep disturbances, fatigue, driving anxiety, and passenger anxiety which would be in line with the applicant's assertion that she is feeling sad and depressed. Furthermore, Dr. Syed's report is an outlier and is not consistent with the remainder of the assessor reports or the applicant's testimony, which as previously stated, I found to be reliable; and

d) I place less weight on Dr. Syed's report because she failed to provide copies of her CNRs to the applicant. As discussed in the procedural issues section above, Dr. Syed failed to provide her CNRs and therefore there are no records to corroborate her assertion that the applicant denied feeling sad or depressed.

Clifford v Security National Insurance Company, 2024 CanLII 97867 (ON LAT), <<https://canlii.ca/t/k79g1>

[7] The Applicant submits that social work treatment is required to allow for continued progress and provide support to avoid reinjury, isolation, and deterioration of her mental health and overall functioning. The Applicant argues the Respondent's s.44 assessor, Dr. Amena Syed, failed to address the two previously approved social work treatment plans and five-page progress report, dated October 15, 2020, provided by social worker, Ms. Zoe Mentz, when rendering her decision that the treatment plan was not reasonable or necessary. Moreover, Dr. Syed's opinion was based on an incomplete record and insufficient information, and that neither Dr. Naeem nor Dr. Slonim's reports were reviewed by Dr. Syed. As such, it is inappropriate to rely on those reports with respect to this dispute as the denial was based on Dr. Syed's opinion alone.

[8] The Respondent submits that Dr. Syed indicated that the Applicant would benefit from psychotherapy rather than social work; similarly, psychologist Dr. Dalia Slonim recommended psychological treatment but did not identify social work intervention; neurologist, Dr. Omer Naeem, initially recommended social work, but on subsequent attendance recommended psychology for further psychiatric support; and that previous approvals do not place an obligation for future approvals.

[9] While I agree with the Respondent that a prior approval for treatment does not thereafter obligate perpetual approvals for the same treatment, I do not agree with Dr. Syed's opinion, in this case, that there was a lack of rationale to justify the treatment plan as reasonable and necessary.

[10] The evidence indicates that by recommendation of neurologist, Dr. Omer Naeem, on November 1, 2019, the Applicant should engage with a social worker "to deal with her anxiety management". The Applicant underwent an assessment with Ms. Mentz on November 29, 2019, and was recommended individual counselling sessions that were subsequently approved on two occasions, April 9, 2020, and June 25, 2020. The disputed OCF-18 is the third treatment plan submitted by Ms. Mentz, on October 9, 2020.

[11] There appears to be no dispute between various treating practitioners, from a psychological perspective, that the Applicant would benefit from treatment. In fact, Dr. Syed agreed treatment may be warranted. However, Dr. Syed opined that, "the disputed treatment plan currently being requested is for social work sessions with minimal rationale to substantiate a need and this in consideration, the aforementioned is not considered to be reasonable and necessary."

[12] I find this opinion to be lacking. The Applicant argues that Dr. Syed neither reviewed nor took into consideration Ms. Mentz's progress report or previous treatment plans when rendering her opinion. I am persuaded

by this argument, as previous treatment plans, progress reports, and documentation provided by Ms. Mentz speak specifically to the rationale in substantiating same.

[13] A review of said documentation would indicate that proceeding with social work treatment is necessary as it enables the client's ongoing progress and provides the required support to avoid client risk of re-injury, isolation, and deterioration of mental health and overall function. Moreover, Progress Report of Ms. Mentz, dated October 15, 2020 (the "Progress Report"), states that through social work intervention, the Applicant learns effective strategies to manage stress, anxiety, and depressive symptomology. The goals of the treatment would include individual supportive, psychoeducational and adjustment counselling aimed at helping the Applicant process and integrate through emotional impacts of the motor vehicle accident. This is clear evidence of a rationale for the reasonableness and necessity of the OCF-18. I am not pointed to an opinion within Dr. Syed's report that addresses same.

Dinglasan v TD General Insurance Company, 2024 CanLII 23465 (ON LAT), <<https://canlii.ca/t/k3lzp>

[28] I then accept that the severity of these complaints was not trivial in nature, but rather substantially impairing. Specifically, in addition to the diagnosis of an Adjustment Disorder, Dr. Kershner and Mr. Kulikov found the applicant's symptomology meant he sustained a "Specific Phobia, Situational Type (automobile-related)". This additional diagnosis shows the importance of the applicant's driving anxiety to Dr. Kershner's and Mr. Kulikov's assessment, which, in turn, speaks to the severity of these complaints. These observations and the resulting diagnosis strongly suggest that his ability to drive over an extended period of time would be negatively impacted in a substantial fashion.

[29] I recognize that Dr. Syed did not diagnose the applicant with an automobile-related phobia, and that he only reported driving anxiety as a passenger during this assessment. However, I note that the applicant's other reported symptoms to Dr. Syed appear to be significant. For example, the applicant received "Severely Impaired" ratings on scales for depression and post-traumatic stress. The applicant then self-reported that his psychological symptoms were [emphasis in original]: "significantly affecting his ability to function effectively in his social, occupational or other important areas of functioning." Therefore, despite the lack of a phobia diagnosis, I find Dr. Syed's observations support my findings above about the impact of the applicant's psychological impairments on the essential tasks of his pre-accident employment.

[30] I further find that Dr. Syed's conclusion about the IRB in her addendum is not compelling, because I find there is no connection drawn between the psychological diagnosis from her initial report and the IRB standard. Instead, Dr. Syed repeated her findings from her July 2020 report, and then, without further analysis, stated: "From a purely psychological perspective, [the applicant] is not considered to be suffering from a substantial inability to perform the essential tasks of his pre-accident employment." This lack of analysis makes her conclusion not compelling, and I further conclude that it does not impact my findings about this assessor's other observations above.

[31] I also note that, as opposed to the questions raised above regarding a potential impact of the March 2020 accident on his physical condition, there is no similar dispute over the connection between the applicant's psychological symptoms and the subject accident. As noted by Dr. Syed, the accident in March 2020 likely had an impact on the applicant's condition, but "it is within a degree of psychological certainty that the subject accident has contributed to his current clinical presentation." I accept this finding, as it aligns with the applicant's self-reports about the lack of psychological distress prior to the subject accident.

Sanghera v Pembridge Insurance Company, 2020 CanLII 87996 (ON LAT), <<https://canlii.ca/t/jblqd>

[17] Pembridge relies on the November 20, 2019 Psychological Report of Dr. Amena Syed, Psychologist, for its position that P.S.'s psychological condition does not warrant treatment outside of the MIG. However, Dr. Syed reported that P.S. presented with a poor degree of self-control over her pain experience and with

maladaptive beliefs surrounding her pain. She noted that P.S. feels disabled and will self-limit her activities in the presence of pain.^[7] Significantly, Dr. Syed's own psychodiagnostic testing revealed heightened levels of impairment serious enough to merit a DSM-5 diagnosis of Adjustment Disorder with Mixed Anxiety and Depressed Mood.^[8]

[18] However, rather than conclude from P.S.'s reports that her psychological impairment was as a result of the accident, Dr. Syed opined that the cause of P.S.'s condition could be pain from a pre-existing left shoulder injury, a 2018 motor vehicle accident that P.S. did not disclose to her, or her "active pregnancy" (P.S. became pregnant with her first child in the Spring of 2019).^[9]

[19] P.S. submits that there is nothing in the medical evidence to suggest that her pain-related psychological complaints stem from a pre-existing shoulder injury or from her pregnancy. She submits that there were no subjective concerns or psychological *sequelae* in the clinical notes and records of her family physicians afforded to Dr. Syed for review suggesting a link to either condition.

[20] In June 2020, P.S. visited her family physician, Dr. Kaur, for pain management in pregnancy, but Dr. Kaur's notes specify "back pain post-MVA" as the cause of her complaints.^[10] P.S. submits that, by all clinical accounts, her pregnancy was healthy and not a source of unusually heightened stress.

[21] The causation defence raised by Pembridge is unconvincing. I reject the conclusion made by Dr. Syed that P.S.'s psychological condition was due to her "active pregnancy."^[11] In reaching this conclusion, Dr. Syed observes that P.S.'s "frustration due to her infertility" cannot be discounted as a cause of her psychological symptoms, and later attributes them to her "active pregnancy". These strike me as contradictory and implausible causes of P.S.'s levels of psychological impairment.

[22] In her report, Dr. Syed characterized the "abeyance of psychological concerns" in P.S. for nearly two years as "unexplainable".^[12] Pembridge points to the absence of any psychopathology in the clinical notes and records of either of P.S.'s family physicians as evidence that the accident did not cause P.S.'s psychological complaints. However, throughout the two year period in question, P.S. consistently reported her pain to both her treating practitioners and assessors.

[23] It is clear from both the psychological assessments of Drs. Aghamoseni and Syed that P.S.'s psychological condition is inextricably linked to her chronic and debilitating physical pain. I am not troubled by the lack of notations as to psychosocial symptoms in the records of Dr. Fahim and Dr. Kaur. There is sufficient medical evidence to establish that the subject accident is the cause of P.S.'s psychological impairments, and nothing to corroborate causation of the nature Dr. Syed describes.

[24] Pembridge submits that P.S. was in another motor vehicle accident in July of 2018, and that her failure to mention this second accident to some of her treating practitioners and assessors should raise doubt about the veracity of her claims about the cause of her impairments. P.S. invites a different conclusion from the absence of the July 2018 accident in P.S.'s reports to health care providers: it was minor, she sustained no injuries as a result of it, and she has not commenced any accident benefit claims in relation to it. She reported the accident to Dr. Fahim on the following day, who noted that P.S. was "fine but for the back".^[13] I accept P.S.'s submissions about the July 2018 accident and find no basis to conclude that it was the cause of her impairments.

[25] Pembridge submits I should reject the evidence of Ms. Gharibi and Dr. Aghamohseni in favour of Dr. Syed's report because Ms. Gharibi is a Master of Psychology candidate and Dr. Syed is a psychologist, and because Ms. Gharibi did not conduct validity testing. However, the validity testing Dr. Syed conducted confirmed that P.S. presented with a general profile of "genuine responding" when assessed for the likelihood of feigning psychiatric illness. She "attended appropriately and responded consistently" and "answered in a reasonably forthright manner."^[14] The results of Dr. Syed's validity testing support the clinical findings of psychological impairment of

both Dr. Syed and Ms. Gharibi and Dr. Aghamohseni. In addition, they give weight to the symptoms and social history P.S. reported to Dr. Syed during the assessment, including her reports as to the cause of her pain-related functional impairments.

[26] I find that P.S. suffers from documented psychological impairments that by their nature fall outside the definition of a “minor injury” in the *Schedule*, and that those impairments are a result of the subject accident. P.S. is entitled to seek treatment beyond the \$3,500.00 monetary limit in the MIG.

R.V. v Aviva General Insurance, 2019 CanLII 94032 (ON LAT), <<https://canlii.ca/t/j2rvv>

[30] On January 25, 2017, R. V. attended an IE Psychologist Assessment with Dr. Amena Syed who authored a report dated February 8, 2017.^[5] Dr. Syed stated that the purpose of his report was to respond to, among other issues in dispute, the September 30, 2016 treatment plan. Following an interview with R.V. and the administration of several self-reporting questionnaires, Dr. Syed opined that R.V., “is not suffering from any psychological impairment that would warrant a diagnosis as per the DSM-V as a result of the subject accident.”^[6] As such, Dr. Syed was of the opinion that no further treatment or investigations were warranted and, that from a psychological perspective, R.V. had reached maximum medical recovery.^[7]

[31] I place little weight on Dr. Syed’s report because he appears to acknowledge that R.V. has a psychological impairment as he noted that, “results of this evaluation indicate that [R.V.]...suffers from some symptoms of anxiety with features of depressed mood along with pain being a concern for her,” but then opines that the nature and severity of R.V.’s distress is considered to be subclinical without further explanation.^[8] Additionally, Dr. Syed’s report notes that R.V., “does not appear to be significantly impaired psychologically, as there are only subtle indications that she may have a current and active depressive and anxiety experience,”^[9] and that, “[R.V.] denied experiencing any problems with feeling overly anxious since the accident.”^[10] However, while Dr. Syed opines that R.V. is not *significantly* impaired psychologically and not *overly* anxious, he fails to comment on whether or not R.V. is impaired psychologically or anxious. Finally, the reason for Dr. Syed’s conclusion that the treatment and assessment plan in dispute is not reasonable and necessary is only that R.V. sustained minor injuries – he does not speak to any substantive reasons for his opinion or provide a connection to how minor physical injuries results in not needing a psychological assessment.

[35] Aviva denied this treatment plan on February 10, 2017 as it determined it was not reasonable and necessary. Aviva again relied upon Dr. Syed’s February 8, 2017 Psychological IE report in which Dr. Syed opined that R.V. had no psychological impairment that would warrant any DSM-V diagnosis as a result of the accident.

[48] Aviva denied this treatment plan on March 7, 2017 and relied upon the psychological IE conducted on February 8, 2017 by Dr. Amena Syed, psychologist, that opined that R.V. does not suffer from a psychological impairment that would warrant a diagnosis as per the DSM-V as a result of the accident. Aviva also advised that there was no evidence of any pre-existing psychological conditions that would interfere with R.V.’s activities of daily living and that it did not consider the OCF-18 to be reasonable and necessary.

[49] A chronic pain assessment would, in my view, be for the purposes of diagnosing chronic pain syndrome and, in determining the reasonableness and necessity of a treatment plan for same, I must consider whether or not it is reasonably *possible* that R.V. may have chronic pain syndrome.^[22] The Tribunal has accepted that chronic pain is a condition that persists for three to six months after an initial trigger or injury.^[23]

[50] The OCF-18 in dispute was submitted approximately 8 months after the accident. It is clear that R.V. was still reporting pain at this time. For example, Dr. Syed acknowledged in his February 8, 2017 report that R.V. complained of lower and upper back pain with a reported pain rating of 7 out of 10 and noted that her physical symptoms have remained the same since the accident. R.V. also reported to Dr. Syed functional limitations regarding household chores, lifting her infant daughter, cooking, laundry and grocery shopping. R.V. also made similar complaints to Dr.

Levy of intermittent bilateral upper trapezius muscle pain that occurred once or twice per month at a pain intensity of 7 out of 10. R.V. also reported pain with bending forwards, walking for more than 10 minutes or performing cleaning duties at home to Dr. Levy and also intermittent low back pain that radiated down her buttocks, both thighs and knees. Additionally, while Dr. Levy opined that R.V. had reached maximum medical recovery from a physical point of view, he acknowledged that deeper palpation during his examination caused reported tenderness in the midline lower lumbar region.^[24] R.V. also continued to report pain to her family doctor on April 11, 2017.

17-004389 v Aviva General Insurance, 2018 CanLII 81886 (ON LAT), <<https://canlii.ca/t/htrrr>

[21] The respondent rebuts the applicant's evidence with a psychological IE report by Dr. Amena Syed dated October 13, 2016, diagnosing the applicant with adjustment disorder with mixed anxiety and depressed mood, but concluding that this did not create a substantial inability to perform "his essential tasks of a sales agent".

[22] Dr. Syed provides no analysis of the applicant's occupational tasks and no explanation reconciling her diagnosis and findings (and those of others) with her conclusion on the applicant's ability to work. As a result, I find it less persuasive than Dr. Cook's report.

[23] On balance, I find that the applicant's evidence with respect to his substantial inability to work due to psychological impairment is stronger than the respondent's rebuttal evidence. This entitles him to an IRB for the 104 weeks following the accident – if he establishes that his psychological impairment was caused by the accident.

17-006480 v Aviva Insurance Company, 2018 CanLII 81953 (ON LAT), <<https://canlii.ca/t/htsrds>

[9] In contrast, I find Dr. Amena Syed's Report—submitted by Aviva—to be somewhat generic and, at times, disingenuous, given [the applicant's] self-reporting and her rather humble goal for recovery. Although [the applicant] complained of pain initially and still has some shoulder pain, Dr. Syed reports that [the applicant's] physical issues are "more of a concern for her than her psychological issues." I find this statement insincere, as Dr. Syed indicates earlier in her Report that [the applicant] described feeling "50% disabled from a psychological perspective and 10% disabled from a physical perspective as a result of her accident."^[3] In the same paragraph, when Dr. Syed inquires about [the applicant's] goals for treatment, [the applicant] explains that cycling is a huge part of her life—socially and physically—and that she just wants to overcome her anxiety.^[4]

[10] With [the applicant's] statements and her stated goal for recovery in mind, I am not persuaded that Dr. Syed can determine that the real issue facing [the applicant] is a physical one, that her psychological symptoms described by Dr. Harris had somehow resolved after two months, or that the fear [the applicant] has of cycling is unrelated to the accident she had while cycling. Dr. Syed does not address why the proposed treatment would not be helpful to [the applicant's] recovery, just that it is not reasonable and necessary. As I find the diagnosis is not proportional to [the applicant's] reporting, I have afforded Dr. Syed's report less weight.

17-003600 v Aviva General Insurance, 2018 CanLII 76414 (ON LAT), <<https://canlii.ca/t/htjhp>

[17] In addition, Dr. Syed found that the applicant scored "moderately impaired" during the post-traumatic stress test. The M-Fast test, designed to assess likelihood of feigning illness, showed that the applicant was genuinely responding.

[18] During the interview, the applicant advised that she was not yet back at work as a result of the accident.

[19] In conclusion, Dr. Syed stated that the symptoms exhibited by the applicant were caused by the accident. Nevertheless, she concluded on the above evidence that the psychological impairments found did not warrant a diagnosis and were minor in nature. As a result of Dr. Syed's report, the respondent denied the proposed plan.

[26] The applicant's test results from both assessments were relatively similar. In addition, both assessors found that the applicant was forthcoming. Nevertheless, Dr. Padda's and Dr. Syed's conclusions were significantly different.

[27] I prefer the evidence of Dr. Padda and accept the diagnosis of adjustment disorder with mixed anxiety and depression and somatic symptom disorder, persistent with predominant pain of moderate severity.

[28] Dr. Syed's tests produced very similar results to those reached by Dr. Padda, and yet in her conclusion, she found that the moderate impairments exhibited by the applicant were minor. There was no reasonable explanation as to why the results of the tests showing moderate impairment were discounted. I find this conclusion hard to accept.

[29] The respondent also argued that because Dr. Padda had only been a licensed psychologist for three months, the evidence of Dr. Syed should be preferred. There was also no evidence before me indicating that Dr. Padda's testing or procedures were flawed. There was no evidence before me that showed that Dr. Padda's testing or conclusion should be discounted by virtue of that fact that Dr. Syed has been a psychologist for longer. This would lead to an absurd result of expert opinions being supported by the length of time a person has worked, rather than based on an examination of the evidence itself as found in the reports. This submission is rejected.

[38] There were two psychological assessments conducted which produced different conclusions. The respondent relied on the conclusion of its independent medical examiner, Dr. Syed, to deny the assessment.
