



Tribunals Ontario

Licence Appeal
Tribunal

Tribunaux décisionnels Ontario

Tribunal d'appel en matière de
permis

Citation: Ebrahemzadeh v Allstate Insurance Company of Canada, 2026 ONLAT 25-006128/AABS

File Number(s): 25-006128/AABS

In the matter of an application pursuant to subsection 280(2) of the Insurance Act, RSO 1990, c I.8, in relation to statutory accident benefits.

Between:

Maryam Ebrahemzadeh

Applicant

and

Allstate Insurance Company of Canada

Respondent

DECISION AND ORDER

ADJUDICATOR: Matthew Frontini, Member

APPEARANCES:

For the Applicant: Kathy Noohi, Counsel

For the Respondent: Suzanne Clarke, Counsel

HEARD: by written submission

OVERVIEW

[1] The applicant, Maryam Ebrahemzadeh, was involved in a motor vehicle accident on January 22, 2022, and sought benefits from the respondent, Allstate Insurance Company of Canada, pursuant to the *Statutory Accident Benefits Schedule - Effective September 1, 2010* (the “Schedule”). Following disputes concerning entitlement to accident benefits, the applicant applied to the Licence Appeal Tribunal – Automobile Accident Benefits Service (the “Tribunal”) for resolution of the dispute.

[2] The dispute concerns a treatment plan for a psychological assessment. The applicant submits that the proposed assessment is reasonable and necessary as a result of the accident and that the respondent improperly denied the treatment plan because a psychological pre-screen was not provided. The applicant also seeks an award and interest. For the reasons that follow, I find that the applicant has not established entitlement to the disputed psychological assessment and is therefore not entitled to an award or interest.

ISSUES IN DISPUTE

[3] The issues in dispute are:

1. Is the applicant entitled to \$2,200.00 for a psychological assessment proposed by Shahin Nejad in an OCF-18/treatment plan submitted June 23, 2023?
2. Is the respondent liable to pay an award under s. 10 of Reg. 664 because it unreasonably withheld or delayed payments to the applicant?
3. Is the applicant entitled to interest on any overdue payment of benefits?

RESULT

[4] I find:

1. The applicant is not entitled to \$2,200.00 in respect of the treatment plan for a psychological assessment proposed by Shahin Nejad and submitted June 23, 2023;
2. The applicant is not entitled to an award under s. 10 of Reg 664; and
3. The applicant is not entitled to interest pursuant to s. 51 of the *Schedule*.

ANALYSIS

The applicant is not entitled to the psychological assessment proposed by Shahin Nejad

[5] I find that the applicant has not established on a balance of probabilities that she is entitled to \$2,200.00 for a psychological assessment proposed by Shahin Nejad in an OCF-18/treatment plan submitted June 23, 2023.

[6] The OCF-18 referenced psychological symptoms, functional limitations, and a provisional diagnosis of adjustment disorder. The respondent denied the treatment plan on July 4, 2023, stating that the supporting information accompanying the application was “insufficient, incomplete or incorrect” and specifically identifying the absence of a psychological pre-screen. The respondent advised that it was unable to approve the treatment plan as presented and would reassess the request upon receipt of the missing supporting information.

[7] To receive payment for a treatment and assessment plan under ss. 15 and 16 of the *Schedule*, the applicant bears the burden of demonstrating on a balance of probabilities that the benefit is reasonable and necessary as a result of the accident. A

treatment plan for an assessment is reasonable and necessary when there is sufficient medical evidence to suggest that an investigation into a condition is warranted.

[8] The applicant submits that the proposed psychological assessment is reasonable and necessary because the OCF-18 documented psychological symptoms, functional limitations, and a provisional diagnosis of adjustment disorder. She further submits that her medical records and assessment evidence establish ongoing accident-related psychological impairment warranting a psychological assessment. The applicant also relies on the respondent's approval of a psychological assessment in 2025 as support for her entitlement to the disputed assessment.

[9] A significant portion of the applicant's submissions focuses on the respondent's denial itself. The applicant submits that the respondent improperly denied the treatment plan because a psychological pre-screen was not provided and argues that the absence of a pre-screen was an insufficient basis upon which to deny the assessment. In essence, the applicant characterizes the denial as a procedural denial based on a missing document rather than an assessment of the merits of her psychological condition.

[10] The respondent submits that the applicant has not established that the proposed psychological assessment was reasonable and necessary. While the respondent notes the absence of a psychological pre-screen, its position is broader. It argues that, at the time the treatment plan was submitted, there was no contemporaneous corroborating medical evidence supporting accident-related psychological impairment or the need for a psychological assessment. The respondent submits that family physician records, psychiatric records, and the psychological pre-screen were not provided until 2025, well after the disputed treatment plan had been denied. In its submission, the treatment plan was properly denied because the supporting medical information was insufficient to assess the reasonableness and necessity of the proposed assessment, which is the same position reflected in the Explanation of Benefits that coded the denial as "supporting information insufficient, incomplete or incorrect." In my view, the respondent's denial on the basis of an absence of supporting medical information

corroborating the treatment plan is not merely procedural, rather, that absence was the medical reason for the denial.

[11] The parties' submissions focus largely on the respondent's reliance on the absence of a psychological pre-screen. However, in my view, the central issue is not whether the respondent was entitled to require a psychological pre-screen or whether the denial should be characterized as procedural. Rather, the issue is whether the applicant has established, on a balance of probabilities, that sufficient medical evidence existed at the time the treatment plan was submitted to support an investigation into accident-related psychological impairment.

[12] Having considered the evidence and submissions before me, I find that the applicant has not established, on a balance of probabilities, that the proposed psychological assessment was reasonable and necessary. While the OCF-18 contained references to psychological symptoms, functional limitations, and a provisional diagnosis of adjustment disorder, it was the only medical evidence before the respondent supporting the proposed assessment. At the time the treatment plan was submitted and subsequently denied, there was no psychological pre-screen, family physician records, psychiatric records, counselling records, or other contemporaneous medical documentation corroborating accident-related psychological impairment or supporting the need for a psychological assessment.

[13] In my view, the OCF-18 alone was insufficient to establish that an investigation into accident-related psychological impairment was warranted. While a treatment plan for an assessment is not required to conclusively establish the condition being investigated, there must nevertheless be sufficient medical evidence suggesting that such an investigation is justified. Here, the clinical assertions contained in the OCF-18 were unsupported by any contemporaneous corroborating medical evidence. Absent such corroboration, I am not persuaded that the OCF-18 alone established that a psychological assessment was reasonable and necessary.

[14] I acknowledge that the applicant subsequently provided family physician records, psychiatric records, a psychological pre-screen report, and other evidence documenting psychological complaints. However, those records were not available to the respondent when the disputed treatment plan was submitted or denied. The issue before me is whether the applicant has established that sufficient medical evidence existed at that time to support an investigation into accident-related psychological impairment. In my view, the subsequent production of corroborating medical evidence in February 2025 underscores, rather than resolves, the absence of such evidence when the treatment plan was originally presented to the respondent in June 2023. The evidence further establishes that, after receiving additional medical records and the psychological pre-screen in February 2025, the respondent approved a different treatment plan for a psychological assessment. While that later approval does not determine entitlement to the disputed June 2023 treatment plan, it supports the respondent's position that additional corroborating medical evidence was required before the need for a psychological assessment could be properly evaluated.

[15] For these reasons, I find that the applicant has not established, on a balance of probabilities, that sufficient medical evidence existed at the time the treatment plan was submitted to justify an investigation into accident-related psychological impairment. Accordingly, I find that the proposed psychological assessment was not shown to be reasonable and necessary and the applicant is not entitled to the disputed benefit.

Interest

[16] Interest applies on the payment of any overdue benefits pursuant to s. 51 of the *Schedule*. As the applicant is not entitled to the disputed treatment plan, no payments are overdue, and interest does not apply.

Award

[17] The applicant sought an award under s. 10 of Reg. 664, but she did not make any submissions in respect of this issue. Under s. 10, the Tribunal may grant an award of up

to 50 per cent of the total benefits payable if it finds that an insurer unreasonably withheld or delayed the payment of benefits.

[18] Having found that the applicant is not entitled to the disputed psychological assessment, I am not persuaded that the respondent unreasonably withheld or delayed the payment of benefits. Accordingly, the applicant has not established that an award is warranted.

ORDER

[19] It is ordered that:

1. The applicant is not entitled to \$2,200.00 in respect of the treatment plan for a psychological assessment proposed by Shahin Nejad in the treatment plan submitted June 23, 2023;
2. The applicant is not entitled to an award under s. 10 of Reg 664;
3. The applicant is not entitled to interest pursuant to s. 51 of the *Schedule*; and
4. The application is dismissed.

Released: October 1, 2026



Matthew Frontini
Member